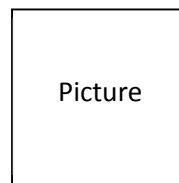




INDIVIDUAL MEMBERSHIP FORM



1: INDIVIDUAL INFORMATION:

Name: _____
 Phone: _____ Education: _____
 Email: _____ NIC No: _____
 Date of Birth: _____ Education: _____
 Area of work: _____ Experience (in Years): _____
 Address: _____ City: _____ Zip: _____

2: WORK EXPERIENCE

Position	Year(s) From –To	Organization	Major Responsibilities

3: THEMATIC AREAS

<input type="checkbox"/> Ageing	<input type="checkbox"/> Agriculture and Food	<input type="checkbox"/> Business and Economic Policy	<input type="checkbox"/> Children & Youth
<input type="checkbox"/> Conflict Resolution	<input type="checkbox"/> Development	<input type="checkbox"/> Education	<input type="checkbox"/> Environment
<input type="checkbox"/> Human Rights	<input type="checkbox"/> Health and Nutrition	<input type="checkbox"/> Indigenous People	<input type="checkbox"/> Labor
<input type="checkbox"/> Law & Legal Affairs	<input type="checkbox"/> Narcotics, Drugs & Crime	<input type="checkbox"/> Peace & Security	<input type="checkbox"/> Population and Human Settlements
<input type="checkbox"/> Refugees	<input type="checkbox"/> Relief Services	<input type="checkbox"/> Religion, Belief, ethics	<input type="checkbox"/> Social & cultural Development
<input type="checkbox"/> Sports and Recreation	<input type="checkbox"/> Trade and International Finance	<input type="checkbox"/> Women Development	

Other (Please specify): _____

4: SERVICES REQUIRED FROM CDP

Services	Now	Future: Please mention Period
Training Courses	_____	_____
Mentoring	_____	_____
Online Services	_____	_____
Exposure visit	_____	_____

ANY OTHER REQUIREMENT:

5: Fee:

Pay order, draft, cross cheque: _____
Registration Fee: _____
Annual Membership Fee: _____

6: Please ENCLOSE following documents:

- NIC Copy
- Service card/ Any other document to show your job
- Latest CV

Undertaking: I confirm the information provided above is authentic.

SIGNATURE: _____

DATE: _____

7: FOR OFFICE USE

Forms & Fee Received: _____
Membership Approved: _____
Reason if rejected: _____
Received By & approved: _____
Comments if any: _____
Signature: _____

Note:

1. CDP of ASK reserves the right to refuse membership to any member without assigning any reason.
2. Member will not hold CDP responsible for its internal and external affairs.
3. CDP may cancel membership of any CDP member if individual indulge in any sort of illegal, immoral or anti society activities.