

AZADI RECREATIONAL COMPLEX

MEMBERSHIP FORM

Important

- a. Use black ink and block capital letters.
b. Attach 2x photocopies of CNIC, 2x Passport Size and 2x Thumb Size Photographs, 2x Photocopy of Spouse, Children CNIC, Police Verification, Photocopy of Appointment / Transfer letter (Attested), Service Certificate of **Employee from Concerned Department duly Mentioning designation / grade and Pay Slip, CVs Business Letter Pad**

Personal Details

Full Name: _____ Date of Birth: _____
Nationality: _____ CNIC: _____
Religion: _____ Sect: _____
Category: ☐ Govt employee ☐ Civilian ☐ Other
Occupation: _____ Designation: _____ Grade: _____
Official Address: _____
Residential Address: _____
Primary Contact No: _____ Secondary Contact No: _____
Emergency Contact No: _____ Email: _____
Qualification: _____ Marital Status: ☐ Single ☐ Married ☐ Other
Office / Work Details: _____

Family Details: -

Give name of spouse and children under 18 years who intend to utilize ARC facilities:

Spouse Name: _____ Occupation: _____ Designation: _____
Grade: _____ Academic Qualification: _____

Name of Children/ Relationship

Date of Birth

Education / Class

<u>Name of Children/ Relationship</u>	<u>Date of Birth</u>	<u>Education / Class</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____

Questions: -

- a. Have you ever been member of ARC? If yes give date: _____
b. Are you active member of any Political Party? _____ If yes Party Name _____

Declaration

I solemnly declare that all the information cited above is complete and correct in all respects and I understand that ARC Board of Governors reserves the right to cancel my membership. The decision of Board of Governors will be final and cannot be challenged in any court of law.

Date: _____ Signature: _____

For Official Use Only: -

Date

Form Issued

Form received

Security cleared received

Assessed by board

RECOMMENDATIONS

Gen Secretary

Recommended/ Not Recommended

(Initials)

FINAL STATUS
Approved / Rejected

Patron
(Muhammad Imran Asif)