



H. Shady Yard 9th Floor, Sosun Magu,
Male', Maldives
Tel: (960) 300 9535
Fax: (960) 300 9536

Hope for Women Membership Form

Individual Member Information

Full name:

Sex: Female Male

Date of birth:

Nationality:

ID card no:

Occupation / Profession:

Corporate Member Information

Company / Organization:

Registration no:

Company/Organization Head Office:

Contact details

Address:

Tel:

Mobile:

Fax:

Email:

I, wish to register as a member of Hope for women. I will abide by the fundamental principles of the Articles of Association of the organization, as well as agree to attend the Annual General Meeting of the organization.

Company / Office stamp:

Date:

For Individuals:

Signature:

For Office Use

Membership registration date:.....

Membership number:

Database number:

Membership card issued:

Name:

Sign:

Date: