



Hope for Women
M. Kurigam, 1A, 1st Floor
Ithaa Goalhi (9th Floor)
Male', Maldives

Membership Form

Individual Member Information

Full Name:

Sex: Female Male

Date of birth:

Nationality:

ID Card no:

Occupation / Profession:

Institutional Member Information

Company / Organization:

Registration no:

Address of head office:

Contact details:

Permanent Address:

Telephone / Mobile no:

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 Meetings of the organization.

Signature of applicant:

Stamp (for institutions):

Date:

For office use

Membership registration date:

Membership number:

Database number: