



MANAGEMENT FBS CLUB LTD.

Rupayan Karim Tower, 80 Kakrail VIP Road (11th Floor), Dhaka-1000, Bangladesh.
Email: info@managementfbsclub.com, web: www.managementfbsclub.com

PASSPORT
SIZE
PHOTO

Application Form For Membership

Date

NAME OF THE APPLICANT:
(Please use capital letters only)

NAME OF DEGREE : BBA MBA EMBA M.PHIL PHD DBA OTHERS

NAME OF UNIVERSITY :

SESSION/BATCH :

MEMBERSHIP TYPE: GENERAL PERMANENT LIFE HONORARY
 CORPORATE TEMPORARY ASSOCIATE DONER

PERSONAL INFORMATION:

GENDER : MALE FEMALE BLOOD GROUP :
DATE OF BIRTH : MARITAL STATUS : MARRIED UNMARRIED
RELIGION : ISLAM HINDU CHRISTIAN OTHER
NATIONALITY : NID NO :
PASSPORT NO : TIN NUMBER :

PRESENT ADDRESS (RESIDENT) :

PERMANENT ADDRESS :

PROFESSIONAL INFORMATION:

ORGANIZATION: DESIGNATION:
ADDRESS:

CONTACT NO.: ALTERNATIVE CONTACT NO.:

E-MAIL:

FAMILY MEMBERS INFORMATION:

RELATION	NAME	GENDER	DATE OF BIRTH	OCCUPATION
SPOUSE				
CHILD-1				
CHILD-2				
CHILD-3				
CHILD-4				

NOMINEE:

NAME:		
RELATIONSHIP:	DATE OF BIRTH :	NID NO.:
PASSPORT NO.		
If nominee has no NID/Passport then attach his/her photo copy of birth certificate.		

AREA OF INTEREST

<input type="checkbox"/> Cricket	<input type="checkbox"/> Table Tennis	<input type="checkbox"/> Pool	<input type="checkbox"/> Tennis	<input type="checkbox"/> Caram
<input type="checkbox"/> Football	<input type="checkbox"/> Card games	<input type="checkbox"/> Housie	<input type="checkbox"/> Chess	<input type="checkbox"/> Salon
<input type="checkbox"/> Basket Ball	<input type="checkbox"/> Beauty Parlor	<input type="checkbox"/> Health Centre	<input type="checkbox"/> Swimming	<input type="checkbox"/> Bakery
<input type="checkbox"/> Badminton	<input type="checkbox"/> Dining	<input type="checkbox"/> Library	<input type="checkbox"/> Music	<input type="checkbox"/> Travelling
<input type="checkbox"/> Other :				

PAYMENT INFORMATION:

CASH DEPOSIT RECEIPTS	DATE	AMOUNT	REMARKS

CHEQUE/PO/DD/BEFTN/RTGS	DATE	BANK & BRANCH NAME	AMOUNT :

ACQUAINTANCES

NAME:	CLUB MEMBERSHIP NUMBER:
RELATIONSHIP:	

I hereby declare that the information provided above is true to the best of my knowledge. I understand that any false declaration will make my application liable to cancellation & may result in expulsion from the club even if I am selected as a member. I also agree to abide by all the rules, regulations and code of conducts of MFBSCL.

Date: _____ Signature of Applicant

PLEASE DO NOT WRITE BELOW THE LINE

For office use only

APPLICATION RECEIVED ON:	MONEY RECEIPT NO.	_____ TREASURER
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RECOMMENDATION OF THE MEMBERSHIP SUB COMMITTEE:	
<input type="checkbox"/> RECOMMENDED	<input type="checkbox"/> NOT RECOMMENDED
DATE:	_____ CHAIRMAN

APPROVAL OF THE EXECUTIVE COMMITTEE :	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
DATE:	_____ PRESIDENT

Note:

1. The form must be submitted with the signature of the applicant.
2. Application form will be scrutinized and the candidate may be interviewed by the Executive Committee prior to consideration of your Membership.
3. Account No.: 1253067810001, Account Name: Management FBS Club Ltd, Bank: THE CITY BANK LTD
Branch: Gulshan Avenue, Routing No.: 225261732, Swift Code : CIBLBDDH