



# 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:

RECOMMENDED       NOT RECOMMENDED

DATE:

CHAIRMAN

APPROVAL OF THE EXECUTIVE COMMITTEE :

APPROVED       NOT APPROVED

DATE:

PRESIDENT

Note:

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