Jalalabad Association of America, Inc.

GENERAL MEMBERSHIP FORM

1. Name (In block letters) : _____

2. Present Address : _____ _____ _____
   Street *Apt. #* *City*

   _____ _____ ( ) -
   State *Zip* *Phone*

3. Address in Bangladesh : _____ _____
   Village *Upazila*

   _____
   District

4. Year of Birth : [ ]

5. Fees : [$10.00] In words : Ten dollars only

6. Receipt Book No. : [ ]

7. Member's signature : _____ 8. Date : ____ /____ /____
   Mo *Day* *Yr.*

_____
Name of Collector

(For office use only)

Date :

It is our great pleasure to have Mr. / Mrs. _____
as a member of Jalalabad Association of America , Inc.

_____ _____ _____
President *Membership Secretary* *General Secretary*

N.B. : Incomplete Form is not acceptable