**PROSTHETIST & ORTHOTIST SOCIETY PAKISTAN**

House 96, Street 17-A, Chaklala Scheme-3, Rawalpindi

Email: [ortho.prostho@yahoo.com](mailto:ortho.prostho@yahoo.com) Contact: 0300-5005651, 0331-500561

MEMBERSHIP FORM

PERSONAL PROFILE

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S/O,D/O,W/O\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ GENDER: MALE/FEMALE

RELIGION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NATIONALITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MARITAL STATUS\_\_\_\_\_\_\_\_\_\_\_\_

NIC NO : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(RES)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MOBILE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FAX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_`\_\_\_\_\_\_\_\_MAILING ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**QUALIFICATION PROFILE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **QUALIFICATION** | **BOARD/UNIVERSITY** | **GRADE** | **Year** |
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PERSONAL INTREST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUGGESTIONS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW YOU CAN SUPPORT US\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEMBERSHIP TYPE:** 1) O&P Student 2) O&P Professional 3) Doctor

4) Technician 5) Social Worker 6) Sponsor

7) N.G.O/Pvt Organizations

(please mark the relevant)

**DECLARATION**

I accept all the terms & condition of POSP and will follow the rules, I will provide my every possible support for the betterment of P & O community of Pakistan.

APPLICANT SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY**

MEMBERSHIP NO: POSP\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ TYPE OF MEMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of President\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of G. Secretary\_\_\_\_\_\_\_\_\_\_\_\_

**Membership Fee Details:**

Students : 1000/-

Professionals : 2500/-

Doctors : 2000/-

Other Rehab Professionals : 2000/-

Technicians : 1500/-

Social Workers : 1500/-

Sponsor/Pvt Organizations : 10000/-

N.G.O : 5000/-

Please attach one photograph and copy of CNIC and Send your Registration forms along your registration fee to the society office “House 96, Street 17-A, Chaklala Scheme-3, Rawalpindi”. Membership card will be sent to you within one week after receiving the registration form.