



বাংলাদেশ এসোসিয়েশন অব টরন্টো, অন্টারিও BANGLADESH ASSOCIATION OF TORONTO, ONTARIO

Application Form : Membership

Name of Applicant: _____

Membership Type: _____

Current Address: _____
(In Canada) Street Apt.

City Province

Postal Code Phone

Permanent Address: _____
(In Bangladesh)

I hereby affirm that all information provided in this application are true. I understand that this application will be void if any false statements are made on this form. I also declare my consent being fully aware and willing in submitting this application form.

Date: _____ Signature: _____

OFFICE USE ONLY

Received on: ____/____/____

Scrutiny Report: Applicant Valid Member ☐ Yes ☐ No

Application Approved ☐ Yes ☐ No

Membership #: _____

Received by: _____

Approved by: _____

RECEIPT

Name of Applicant: _____

Ammount Received: _____

Received by: _____