



# বাংলাদেশ এসোসিয়েশন অব ট্রন্টো, 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: \_\_\_\_\_

Amount Received: \_\_\_\_\_

Received by: \_\_\_\_\_