



## Membership Application Form

Membership Type: General Member Life Member Donor Member

### Personal & Contact Information

Full Name (English) :  
Full Name (Bangla) :  
Fathers Name :  
Mothers Name :  
Spouse Name : Gender: M F  
Religion : Date of Birth:  
Mobile : Email:

### Mailing and Permanent Address

#### Mailing Address (*will be used as voter zone*)

House/Village/Road :  
Division : District :  
Police Station : Post Office :

#### Permanent Address

House/Village/Road :  
Division : District :  
Police Station : Post Office :

### Academic Information (*Degree, Subject name, Institution name, Year*)

General Degree :  
Professional Degree :

### Professional Information:

Current Designation :  
Current Office Name :

NID Number :

I agree to abide by the LAB Constitution.

Date:

Signature

### Office Part

Membership No.: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Approved  Need to verify information  Payment Pending  Rejected

President

Secretary General