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General Membership Form

Photograph

Name : _____

Cell : _____ Phone : _____

E-mail : _____

National ID : _____ Passport : _____ Blood Group : _____

Profession : _____

Present Address : _____

Permanent Address : _____

Office Address :

_____

Number and Name of Publications :
(Pleas Use Separate Sheet)

_____

Applicant's Signature : _____ Date : _____

Introduced by : _____ Sign : _____

Supported by : _____ Sign :_____

Membership Fee : BDT 2,000.00 Paid : ☐

APPROVED BY :

_____ **Secretary General**

_____ **President**

APPROVAL DATE : _____

PEN Bangladesh Office : Green Akshay Plaza, House 59, Road 2/A, Dhanmondi, Dhaka-1209
Phone : 01711 880206, E-mail : sg@penbangladesh.org