

APPLICATION FOR INDIVIDUAL MEMBERSHIP



New World Hope Organization

CB-94, Land Mohabbat Abad, Barrier No.2
Wah Cantt, Pakistan, 47040
Phone: +(92) 514 329105 / Fax: +(92) 514 543317
www.newworldhope.org
E-mail: info@newworldhope.org

YES! I support the continuing work and purpose of the **New World Hope Organization** and I want to become a member of the **NWHO**.

***Required field**

*First Name:	
*Last Name:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
*Age Group:	<input type="checkbox"/> Under 35 <input type="checkbox"/> 36-50 <input type="checkbox"/> 51+
TITLE:	
*Address:	
*City/ Town:	
*State/ Province:	
*Region:	
<input type="checkbox"/> Africa <input type="checkbox"/> Americas <input type="checkbox"/> Asia <input type="checkbox"/> Caribbean <input type="checkbox"/> Europe <input type="checkbox"/> New Indep. States <input type="checkbox"/> Oceania <input type="checkbox"/> Middle East	
*Country:	
*Postal Code:	
*Phone: (Country + Area Code + Number)	
*Work Phone: (Country + Area Code + Number)	
*E-mail:	

CURRENT EMPLOYER

*Profession:	
<input type="checkbox"/> Educator <input type="checkbox"/> Student <input type="checkbox"/> Medical/Legal <input type="checkbox"/> Government <input type="checkbox"/> Business <input type="checkbox"/> Self-employed <input type="checkbox"/> NGO <input type="checkbox"/> Technical <input type="checkbox"/> Labor <input type="checkbox"/> Retired <input type="checkbox"/> Military	
*Job Title:	
Organization / Company:	
*Responsibilities:	
*Income level:	
<input type="checkbox"/> \$ 0-50,00 <input type="checkbox"/> \$ 50,00-10,000 <input type="checkbox"/> \$ 10,000-20,000 <input type="checkbox"/> \$ 20,000-40,000 <input type="checkbox"/> \$ 40,000 +	

INDIVIDUAL MEMBERSHIP DUES

(Payment must be received within 30 days for this application to be valid).

Total Annual Membership Dues for Individual: 100.00 USD / Year									
Additional Contribution:	Amount _____								
In addition to my membership dues, I would like to make an additional contribution (contributions are tax deductible to the extent provided by law).									
PAYMENT OPTION (Please Check One)									
(Please indicate that the payment is for NWHO Membership).									
<input type="checkbox"/>	Cheque or Money Order or Payment by Bank Draft. (In US Dollars as appropriate, or the equivalent in any other convertible currency), made payable to: Please Post to: <div style="text-align: center;"> New World Hope Organization CB-94, Land Mohabbat Abad, Barrier No.2 Wah Cantt, Pakistan, 47040 </div>								
<input type="checkbox"/>	Pay Membership Fee Directly into the New Word Hope Account <div style="text-align: center; background-color: #0070C0; color: white; padding: 2px; font-weight: bold;"> THE NWHO BANK DETAILS ARE AS FOLLOWS. </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Title of Account.</td> <td>New World Hope Society</td> </tr> <tr> <td>Account No.</td> <td>CD-1735-6</td> </tr> <tr> <td>Bank Name</td> <td>The Bank of Punjab</td> </tr> <tr> <td>Swift Code No.</td> <td>BPUNPKKAXXX</td> </tr> </table>	Title of Account.	New World Hope Society	Account No.	CD-1735-6	Bank Name	The Bank of Punjab	Swift Code No.	BPUNPKKAXXX
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Account No.	CD-1735-6								
Bank Name	The Bank of Punjab								
Swift Code No.	BPUNPKKAXXX								
*Do you require a receipt: <input type="checkbox"/> Yes <input type="checkbox"/> No									

Date: _____

Signature: _____

Please return completed form to:
New World Hope Organization
 CB-94, Land Mohabbat Abad, Barrier No.2
 Wah Cantt, Pakistan, 47040
OR
 E-mail to: info@newworldhope.org
 Or submit on line via: www.newworldhope.org