

INTERNATIONAL HUMAN RIGHTS OBSERVER

NGO in Special Consultative Status with the Economic and Social Counsel of the United Nations

MEMBERSHIP APPLICATION FORM

To be filled by the applicant	
Personal Information:	Photograph of the Candidate
Name:	With signature
Father's/Mother's/Husband's Name:	a triem signature
Birth Day: Day Month Year Sex: Male Female Blood Group: Address:	
City: State: Country:	4 – – – – – – – – – – – – – – – – – – –
Nationality: Postal Code: E-mail:	
Telephone(Res):(Off):(Cell):	
Qualification:Profession:	
Additional Information:	
Has the candidate previously been the member of the IHRO?	Yes No
• Is the candidate a member of, or previously been a member of any other non-profit organization	? Yes No
Has the candidate been involved with any social activities in the past?	Yes No
Preferences of the candidate for the Kind of Work he/she would like to get involved with IHRO:	
1.	
2.	
3.	
5.	
Types of Membership:	
	s.2,000/-for one year)
	s.5,000/-for one year) s.10,000/- for one year)
	s.20,000/-for one year)
Any Donation / Contribution in Cash or Kind:	

Attached attested document's copies:

- Passport/CNIC/Driver's License/ Any Utility Bill for address proof
- No Criminal Record Certificate
- Two passport size photographs with signature on the back of second photo

DECLARATION

l,	wish to become a member of INTERNATIONAL HUMAN RIGHTS
OBSERVER (IHRO), I understand that the process require r	my application to be approved by the board of members of IHRO AND
form is true and correct. I have not concealed any in	
	AND
the United Nation Organizations on Human Rights. I shall	d 10 th December 1948 and all other charters, covenants and protocols of also abide by all the rule and regulation of the organization. I shall work akistan of all the principals laid down in the above named documents.
Place:	Date:
Signature of. the Candidate	Signature of. the Candidate
WITNESS (OF THE MEMBERSHIP
To be filled by the Witness: Witness Name:	
Address:	
Phone: Cell:	Profession:
I, Mr. / Mrs. / Miss	know the applicant personally for a period of years
months and confirm that to the best of my k	nowledge, he/she is suitable for the membership. Signature of
Date:	the Witness:
FOR O	FFICE USE ONLY
Verification by National/Regional Office of IHRO	
documents enclosed have been verified. The candidate is	didate in the application has been checked for the validity and that the found suitable for the membership of IHRO.
Signature of the	(Designation)
Address:	Ph:
For office use only (Head Office of IHRO)	
The candidate is found eligible for the membership or	f IHRO and is nominated as the
at place	Country OR
The Candidate's application has been rejected.	
	Signature
Membership No. Allotted:	President of IHRO:
Guidelines for filling the Application:	

- 1. Fill out the application form correctly and completely. Please an X/ in appropriate box. Use only ball pen for signature.
- 2. Two identical copies of passport size recently taken (PP) Photograph with Signature on the back of 2nd photo is necessary.
- 3. Send your registration fee through Bank Draft in the name of IHRO or transfer directly in the IHRO Account Number, Allied Bank of Pakistan, Account # 2050-3,G-7/2,Islamabad Branch.
- 4. For any enquiries regarding membership issues, e-mail at info@ihro.org.pk or Visit www.ihro.org.pk for further any information.