

INTERNATIONAL HUMAN RIGHTS OBSERVER

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	
Name:	Candidate With signature	
Father's/Mother's/Husband's Name:	- Community	
Birth Day: Day Month Year Sex: Male Female Blood Group:		
Address:		
City:State:Country:		
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	
	res No	
Preferences of the candidate for the Kind of Work he/she would like to get involved with IHRO:		
1.		
2.		
3.		
General Membership (Fee Re Executive Membership (Fee Re Union Membership of NGO's/CBO's (Fee Re	s.5, 000/-for one year) s.10, 000/-for one year) s.20, 000/- for one year) s.40, 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

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RIGHTS OBSERVER (IHRO), I understand that the promembers of IHRO ANDI hereby solemnly and sincerely a here by me in the application form is true and corr	wish to become a member of INTERNATIONAL HUMAN cess require my application to be approved by the board of affirm that the information along with the documents furnished rect. I have not concealed any information. However if any
	or untrue, I understand that I am liable to criminal prosecution her that the membership of IHRO is liable to be cancelled. AND
protocols of the United Nation Organizations on Human	lated 10 ^{th December} 1948 and all other charters, covenants and 1 Rights. I shall also abide by all the rule and regulation of the
organization. I shall work for the recognition, ratificati down in the above named documents.	ion and implementation by Pakistan of all the principals laid
Place:	Date:
Signature of. the Candidate	Signature of. the Candidate
To be filled by the Witness:	F THE MEMBERSHIP
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 knowle	dge, he/she is suitable for the membership.
Place:	Signature of
Date	the Witness:
	FICE USE ONLY
Verification by National/Regional Office of IHRO This is to confirm that the information given by the candidate documents enclosed have been verified. The candidate is foun	in the application has been checked for the validity and that the nd suitable for the membership of IHRO.
Signature of the	(Designation)
Address:	Ph:
For office use only (Head Office of IHRO)	
V The candidate is found eligible for the membership of IHRO	O and is nominated as the
at place	Country OR
v The Candidate's application has been rejected.	
Membership No. Allotted:	Signature
Guidelines for filling the Application:	President of IHRO:
Calculation of thing 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.
- Send your registration fee through Bank Draft or transfer directly in the IHRO Account Number, Allied Bank Ltd.d (0582)
 Account # 0010011606490016 Sector G-7/ Markaz, Islamabad or Easy paisa account: 0301-8503035
- 4. For any enquiries regarding membership issues, e-mail at info@ihro.org.pk or Visit www.ihro.org.pk for further any information.