

PHOTO

BAR'S MEMBERSHIP CARD FORM

NAME : _____

FATHER'S NAME : _____

MEMBERSHIP NO. : _____

DATE OF BIRTH : _____

CNIC NO. : _____

DATE OF JOINING THE BAR : _____

QUALIFICATION : _____

ORGANIZATION : _____

ADDRESS : _____

CONTACTS : Phone Office: _____ Fax: _____ Cell: _____

E-mail address: _____

DUES CLEARED UPTO : _____ (Dues should be cleared up to 2017)

Yours faithfully,

Signature of the Member

Note :- Following documents must accompany the application:

1. ONE PASSPORT SIZE PHOTOGRAPH
2. BAR'S MEMBERSHIP CARD FEE RS. 500/-