



بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

ADDU WOMEN'S ASSOCIATION

Address: MA. Dheyliyaage; Male' Republic Of Maldives

Tel: +9609953443 Email: awa.addu@gmail.com

APPLICATION FORM FOR MEMBERSHIP

INDIVIDUAL MEMBERSHIP:		
Name:	Sex:	M F
Nationality:		
Passport/ID Card Number		
(Copy of the ID card to be submitted with the Form)		
Address:		
Home Phone:	Work Phone:	Mobile:
E: Mail Address:		

CORPORATE MEMBERSHIP		
Name of the Company/Organization		
Company Registration Number		
Company Address:		
Tel:		
Fax:		
Email:		

By submitting this application, Iwish to register as a member of AWA (Addu Women's Association) and will abide by the rules and regulations set forth by this institution. I also confirm that the information submitted here are true and complete

Signature: _____ Date: _____

For Members under 18 years:

Parent/Guardian: Name and ID:

Signature _____ Date: _____