**JOIN US – Join the expedition of transforming millions of life with** Michael Shah foundation!

Michael Shah foundation welcomes applications for membership from national, regional and international worldwide, including coalitions, networks and individual organisations.

By joining our network, you will have the opportunity to be part of Michael Shah foundation and willable to become a member of a NGO network which facilitates the promotion, implementation and monitoring. Together our combined knowledge and experience will have a real impact on the implementation of transforming livesat the national and international levels.

**MEMBERSHIP FEES**

Membership fees are paid annually 2000PKRS.

In exceptional cases, with the agreement of the Executive Committee, fees may be waived for an agreed period of time.

**How TO become a membeR**

Please look at the **Application Form** below *(linked - on the website) .* Then send your Application form along with the relevant INFO to **Michael Shah foundation**, by e-mail to info@michaelshahfoundation.org or by post to:

**Michael Shah foundation**

New Green Town, Chaki wala Main Bazar, Millat road, Faislabad

Pakistan

The Secretariat will provide your application to the Executive Committee. The Executive Committee will assess your application against the requirements of **Michael Shah foundation**.

The Executive Committee recommends new members for final approval, by a vote of the membership, at the General Assembly. This takes place once a year in November.

**Complete applications must be sent for consideration by the General Assembly meeting.**

**APPLICANT DETAILS FORM**

|  |  |
| --- | --- |
| **Primary Contact Person**(required) | |
| Name : | |
| Working as : | |
| Postal Address (if different from organisation) : | |
| Telephone : | Mobile : |
| E-mail : | Fax : |
| Other contact details (SKYPE, Facebook, etc.) : | |

|  |  |
| --- | --- |
| Michael Shah foundation member - reference contact details(if there is) | |
| Organisation Name : | |
| Contact Person : | |
| Title/Position : | |
| Postal Address : | |
| Telephone : | Mobile : |
| E-mail : | Fax : |
| Other contact details (SKYPE, Facebook, etc.): | |

|  |  |
| --- | --- |
| **Authorised Signature** | |
| On behalf of ………………………………………………………………………………………………………… I confirm our application for membership of Michael Shah foundation and our full acceptance of the statues of Michael Shah foundation. | |
| Name : | |
| Working as: | |
| Signature : | Place and Date : |

Cope of National Identy Card requred\*

NOC from your working Place\*

**NOC of Orgnization if your are working or represanting non Profit or Faith Base non Profit making organization.**