



WORLD MEMON ORGANIZATION OF NORTH AMERICA

Membership Form – 2014

Please select the category

X	Membership Category	Membership Fee
	Friends of WMO	Free
	Annual Individual Member	US \$ 50 Male / US \$ 25 Female
	Life Member*	US \$ 1,000 Male / US \$ 500 Female
	Patron *	US \$ 25,000 Male / US \$ 12,500 Female
	Trustee *	US \$ 100,000 Male / US \$ 25,000 Female
	Institution /Jamat / Association	US \$ 250 Annual
	APEX	US \$ 500 Annual (Not applicable in USA)
	Corporation	US \$ 1,000 Annual

*Payable in 3 equal annual installments (payable within 3 years)

FULL NAME MR / MRS / MISS	FATHER'S NAME	SURNAME / LAST NAME
DATE OF BIRTH (mm/dd/yyyy)	PLACE OF BIRTH (City and Country)	
PROFESSION	QUALIFICATION	POSTISION HELD
NATIVE PLACE OF BIRTH	NAME OF HOME TOWN	NAME OF JAMAT OR ASSOC.
HOME ADDRESS		
	TEL :	MOBILE:
BUSINESS ADDRESS		
	TEL:	FAX:
EMAIL		
NAME & NATURE OF BUSINESS		
NAME OF ORGANIZATION ASSOCIATED WITH AND POSITION HELD		
METHOD OF PAYMENT		



WORLD MEMON ORGANIZATION OF NORTH AMERICA

FOR SPOUSE (WIFE) MEMBER, PLEASE FILL THIS SECTION:

FIRST NAME	MIDDLE NAME	LAST NAME
MRS		
DATE OF BIRTH (dd/mm/yyyy)	PLACE OF BIRTH (Country)	TOWN
RESIDENTIAL ADDRESS		
	TEL :	MOBILE:
EMAIL:		
DATE:	SIGNATURE:	

INFORMATION REQUIRED FOR INSTITUTION / JAMAT / ASSOCIATION / CORPORATION MEMBERSHIP:

NAME OF THE INSTITUTION / JAMAT / ASSOCIATION / CORPORATION		
ADDRESS		
	TEL :	FAX:
STATE / PROVINCE / COUNTRY		
EMAIL		
APPLICABLE WMO CHAPTER	WMO NORTH AMERICA CHAPTER	

I HEREBY AGREE TO ABIDE BY THE RULES AND REGULATIONS OF WORLD MEMON ORGANIZATION OF NORTH AMERICA.

SIGNATURE OF APPLICANT: _____

DATE: _____

**Please submit the forms by mail / email along with payment to WMO NA
Attn: Treasury Dept. 3 Scarsdale Ct. Woodridge, IL 60517-4602**

WMO Africa Chapter / WMO Europe Chapter / WMO Far East Chapter / WMO India Chapter /
WMO Middle East Chapter/WMO North America Chapter/ WMO Pakistan Chapter

GHAFFAR VARIEND TEL: (630) 915-3040 Email: info.wmona@gmail.com

FOR WMONA OFFICIAL USE ONLY

RECEIVED ON:..... APPROVED ON:..... FILE REF:.....

AMOUNT TO CHARGE US \$: INVOICE NO: