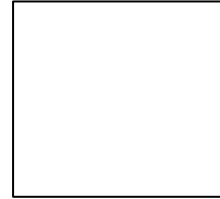


INFORMATION FOR MEMBERSHIP CARD

Service Number:

Name with Rank :
(In Capital Letter)



Membership Number:

Mobile No:

Blood Group :

Holder's Signature :



RETIRED ARMED FORCES OFFICERS' WELFARE ASSOCIATION (RAOWA)

VIP Road, Mohakhali, Dhaka- 1206, Tel : 9860763, 9847658, 9898901, 9898834
Mob: 01711-054344, E-mail : raowa.office@gmail.com, Web : www.raowa.org

3 (THREE) RECENT PP
SIZE PHOTO IN CIVIL
CLOTHES

MEMBERSHIP APPLICATION FORM

NOTE :

- ALL COLUMNS TO BE FILLED IN CAPITAL LETTERS
- TO BE FILLED BY OWN HANDWRITING
- TICK WHERE NECESSARY

01. SERVICE NO :	02. RANK :	03. ARMY / NAVY / AIRFORCE		
04. NAME (IN FULL) :				
05. DATE OF BIRTH :	06. PLACE OF BIRTH :			
07. DATE OF COMMISSION :	08. COURSE :			
09. ANTE DATE SENIORITY :	10. ARMS/BRANCH :			
11. DATE OF RETIREMENT :	12. AUTHORITY :	(Copy of Retirement Order to be attached)		
13. PERMANENT ADDRESS :				
14. PRESENT ADDRESS :				
15. TEL (OFF) :	TEL (RES) :	MOB :		
E-MAIL :	Emergency Contact :			
16. MARITAL STATUS :	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> OTHERS
17. NAME OF SPOUSE :	Contact :			
18. DATE OF BIRTH (SPOUSE) :				
19. DATE OF MARRIAGE :				
20. OCCUPATION (SPOUSE) :				
21. CHILDREN :				
NAME	SEX	DATE OF BIRTH	OCCUPATION	
22. TYPE OF MEMBERSHIP :	<input type="checkbox"/> LIFE	<input type="checkbox"/> ORDINARY	<input type="checkbox"/> SPECIAL / HONORARY	
23. HEIGHT : CMS	24. WEIGHT: KGS	25. BLOOD GROUP :		

26. EYE COLOUR :
27. IDENTIFICATION MARK :
28. EDUCATIONAL QUALIFICATION :
29. PROFESSIONAL QUALIFICATION :
30. HONOURS AND MEDALS :
31. PRESENT OCCUPATION:
(WITH DESIGNATION)
32. OFFICE ADDRESS

33. I ENCLOSE HERewith A SUM OF **TK. 10,000/- (TEN THOUSAND)** ONLY

CASH/CHEQUE (CHEQUE # _____) DATE: _____

BANK NAME: _____ **AS REGISTRATION FEE AND SUBSCRIPTION FOR LIFE/SPECIAL MEMBERSHIP OF THE ASSOCIATION.**

34. I DECLARE THAT ALL PARTICULARS GIVEN FROM SERIAL 01 TO 32 ARE CORRECT AND COMPLETE. I HEREBY PLEDGE TO ABIDE BY THE RULES AND REGULATIONS OF RETIRED ARMED FORCES OFFICERS' WELFARE ASSOCIATION. I ALSO PLEDGE TO DECLARE THAT I SHALL UPHOLD THE NAME AND FAME OF ARMED FORCES ORGANIZATION ABOVE SELF INTEREST. I ALSO DECLARE THAT "I HAVE NOT BEEN PUNISHED FOR ANY OFFENCE ON MORAL TURPITUDE IN ANY COURT OF LAW".

DATE :

SIGNATURE OF THE APPLICANT

A. APPLICATION FOR MEMBERSHIP:

ACCEPTED / WITHHELD / REJECTED / OTHERS

B. COMMENTS (IF ANY) :

RAOWA NO.

C. DT OF EC MEETING:

SIGNATURE OF SECRETARY GENERAL

SIGNATURE OF JOINT SECRETARY

NOTES:

01. Please submit the following with this form:

- a. **Copy of Retirement Order.**
- b. 03 Copies of **PP size photo.**
- c. 01 Copy of PP size photo of **nominee(s).**

02. Deposit **Tk.10,000/-** in cash/Cheque . (Please take an official money receipt from RAOWA).

03. Widow of late member will be automatically special member depositing Tk.100/- with 03 copies of PP size photo.



APPLICATION FORM
RAOWA FAMILY WELFARE SCHEME
(RAOWA FWS)

1. RAOWA Number : _____
2. Rank and Name : _____
3. Present Address : _____
4. Permanent Address : _____
5. Phone / Cell : **Mob:** _____ **Off:** _____ **Res:** _____
6. Name of Nominee(s): As under

Ser	Name	Relationship	Percentage (%)	Signature of Nominee(s)
(1)				
(2)				
(3)				
(4)				

7. **Address of Nominee(s) with Phone No & email:**

- a.
- b.
- c.
- d.

Date: _____

Signature of the Applicant

Notes:

1. Nominee(s) should be family members of the subscriber such as Wife, Children, Grand Children and Parents.
2. Please deposit 01 copy PP photo each for nominee(s)

INFORMATION FOR FAMILY MEMBERSHIP CARD

Name:

Spouse/Son/Daughter of :

Membership Number :

Blood Group :

Dath of Birth :

Mobile NO :

Holder's Signature :

Member's Counter Signature :

Kindly deposit TK. 100/- in cash as cost of the card.

INFORMATION FOR FAMILY MEMBERSHIP CARD

Name:

Spouse/Son/Daughter of:

Membership Number:

Blood Group:

Dath of Birth:

Mobile NO:

Holder's Signature:

Member's Counter Signature:

Kindly deposit TK. 100/- in cash as cost of the card.

INFORMATION FOR FAMILY MEMBERSHIP CARD

Name:

Spouse/Son/Daughter of:

Membership Number:

Blood Group:

Dath of Birth:

Mobile NO:

Holder's Signature:

Member's Counter Signature:

Kindly deposit TK. 100/- in cash as cost of the card.
