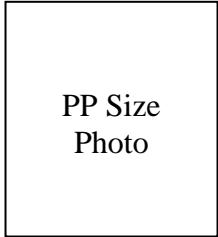




# Nepal Rural Information Technology Development Society (NRIDS)

## MEMBERSHIP APPLICATION FORM

To,  
The President  
NRIDS



Dear Sir,  
I would like to become a

- |   |   |
|---|---|
| <input type="checkbox"/> GENERAL Member           | <input type="checkbox"/> LOCAL Member                     |
| <input type="checkbox"/> INSTITUTIONAL Member     | <input type="checkbox"/> INTERNATIONAL INSTUTIONAL Member |
| <input type="checkbox"/> SECTORAL Member          | <input type="checkbox"/> INTERNATIONAL Individual Member  |
| <input type="checkbox"/> INDIVIDUAL LIFE Member   |   |
| <input type="checkbox"/> INTITUTIONAL LIFE Member |   |

Of Nepal Rural Information Technology Development Society (NRIDS). I will strictly follow the rules and regulation of the organization and decisions made by the executive committee at any time.

Please find enclose NRs.....for the membership Fee for the running fiscal year by cash/cheque no.....dated .....bank.....



Member's Name: (Prof. | Er. | Dr. | Mr. | Mrs. | Ms.) \_\_\_\_\_

Address: \_\_\_\_\_ Ward No. \_\_\_\_\_ PO Box: \_\_\_\_\_

City/District: \_\_\_\_\_ State/Zone: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email Address: \_\_\_\_\_ URL: \_\_\_\_\_

Date..... Applicants Signature .....

**FOR OFFICIAL USE**

Approved/Pending/Cancelled by the Executive Committee Meeting held on.....

Receipt No.....Date.....Verified by.....Membership No. ....

**Note: Please Remember Membership must be renewed at beginning of the every fiscal year.**