

APPLICATION FOR SLEEPING MEMBER

Member No:	, BA No:	, Rank:,
Name:	,Crops:	

I want to continue my membership as sleeping member with effect from: ______, As my monthly bill. I am paying taka: <u>50</u>. I am also paying taka: <u>620.00</u> as advance for 12 months sleeping Membership Fees. I am aware that if my dues are pending for more than 3 (three) months my Membership will be withheld and if dues are not cleared by next 3 months my membership will be automatically cancelled.

Date:

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Signature of Member

APPLICATION FOR DISCONTINUATION OF MEMBERSHIP

Membership no:_____Name:_____Corps:_____

Signature of member

_____For official Use Only_____

Item	Action	Date	Signature
Money Received by Club clk:	In Cash/Cheque/Pay Order		
Recommended by member Secretary	Recommended / Not Recommended		
Approved by Vice President	Approved / Not Approved		