

APPLICATION FOR MEMBERSHIP

The President,
Marketing Association of Pakistan, Karachi.

Date

Applicant's Name		
Date of Birth	N.I.C. #	
Address (Residential)		
Telephone: (Business		Residential
Cell:	Fax:	E-mail:
Education Qualification		
Professional Experience		
Designation / Occupation		
Name & Address of Company / Firm / Educational Institution		
Representative (in Case of Institutional Member)		
Membership Type <input type="checkbox"/> Individual <input type="checkbox"/> Life <input type="checkbox"/> Institutional <input type="checkbox"/> Life Institutional <input type="checkbox"/> Student <input type="checkbox"/>		
Fee enclosed	Cheque No. / Cash	Date
Are you a member of any other professional association?	Applicant's Signature	
Sponsored by (Member)	Organization	Signature
This section to be filled in by MAP office		
Approved by the Council on:	President	