

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ



## Maldives Fisherman Association

### Membership Form

Full Name (with common name):
National ID Card Number:
Date of Birth:
Present Address:
Permenant Address:
Occupation:
Contact Number:
E-mail Address:

I hereby state that all information provided is accurate, and I would like to be registered as a member of Fisherman Association of Maldives.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Administrative Use		
Form Recieved by:	Form Received Date:	Signature:
Date Registered as a member:	Registration Number:	
On Behalf of the Association		
Name:	Signature:	Date:
Remarks:		