

District's Name	Province	Membership Number (To be issued by LFP Central Office)



### MEMBERSHIP FORM

I agree with the objectives of LFP, including the aim to promote in Pakistan liberalism as set out in the International Liberal Manifesto (April 1947), and values such as transparency in Pakistan, freedom, tolerance, social justice, equality of opportunity, rule of law, saying no to corruption, pluralism, and supremacy of democratic norms.

Name	Mr / Ms				
Qualification		Profession		Age	
Mailing Address					
Telephone	Mobile		Office		Residence
Email					
National Identity Card Number (Attach Copy)					
Specialization (tick the Concerned)	Politics	Economy	Other _____		
Are you a Member of any Political Party? If yes, please give name and since when.	1	2	3		

I agree to pay to LFP the Membership Fee (Rs 500 in 2008) prescribed by LFP's Board of Directors from time to time; and agree to abide by the Rules and Regulations of the LFP. The fee, regardless of when paid shall be valid for the calendar year during which it is paid.

The Membership Application shall be subject to approval of the Membership Committee, and the Fee shall be payable to the LFP Central Office after the approval of the Application.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Proposed by \_\_\_\_\_

Membership Number \_\_\_\_\_

Seconded by \_\_\_\_\_

Membership Number \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

#### For Office Use Only

Membership Committee Coordinator's Signature
Date-----