

Membership Registration Form

Membership No : _____

Please fill the following form :

Personal information

Full name :	_____
Nationality :	_____ National No : _____
Date of birth :	D : _____ M : _____ Y : _____
Marital status :	[] Married. [] Single. [] Gender.
	[] Male. [] Female.
Home address :	_____ P.O.Box : _____ ZIP : _____
Mobile :	_____ Email : _____

Professional information

Profession :	_____ Work place : _____
Mobile :	_____ P.O.Box : _____ ZIP : _____
Email :	_____
Bird watching experience :

Note :
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Date :

Signature :