

**BAR'S MEMBERSHIP CARD FORM**

NAME : \_\_\_\_\_

FATHER'S NAME : \_\_\_\_\_

MEMBERSHIP NO. : \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_

CNIC NO. : \_\_\_\_\_

DATE OF JOINING THE BAR : \_\_\_\_\_

QUALIFICATION : \_\_\_\_\_

ORGANIZATION : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

CONTACTS : Phone Office: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

DUES CLEARED UPTO : \_\_\_\_\_ (Dues should be cleared up to 2024)

Yours faithfully,

\_\_\_\_\_  
Signature of the Member

**Note :-** Following documents must accompany the application:

1. ONE PASSPORT SIZE PHOTOGRAPH