



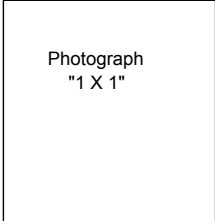
Professional Teacher Associations Network

INDIVIDUAL MEMBERSHIP FORM (Please fill the form in block letters)



* Tick any one association of interest (Tick one only)

Membership : Teacher member Associate member



Name: _____

Father / Husband Name: _____ Male / Female: _____

NIC#: _____ Date of Birth: _____ Marital Status: _____

Qualification: _____

Name of School / Institution (presently working): _____

Designation: _____ Level/Grade currently teaching: _____

Working Experience as teacher: _____ Subject(s) teaching: _____

Areas of interest with reference to teaching / learning: _____

Address (Office): _____ Address (Residence): _____

Phone#: _____ Phone#: _____

Fax#: _____ Fax#: _____

Email Address: _____ Email Address: _____

Mail to be sent: Institute/Office: Residence:

Member Signautre: _____

Individual Membership Fee 300/-
Note: For Individual Membership: 1 Photograph & 1 NIC Copy along with the form

FOR OFFICE USE ONLY

Membership Issued on: _____ Valid Upto: _____ Membership# : _____

Full Name: _____ NEW / RENEWAL (N / RN): _____

Amount: _____ Payment Detail Cheque# / Cash : _____

Card Collection Date: _____ Card Received by(Name / Sign): _____

Card Received on: _____ Signature of (PTAN) Official: _____

