

**Membership Application Form**

First name	Middle name	Last name
M/F	CNIC Number	Membership type
	<input type="text"/> - <input type="text"/>	
Current address		
E-mail:	Tel No. (office)	Tel No. (Res)
Qualification	Present Job and Institution	
Specialty		

No membership fee at this time, however this form should be accompanied by a copy of your NIC and students ID card (if student).

I agree to abide by the code of ethics of the profession and the FUUAST Journal of Biology by laws and regulation. Please send above mentioned information by e-mail to chief editor.

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**Signature of the applicant**

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(Office use only)

Nominated by (if any)	Membership No.

Date: \_\_\_\_\_

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**Approved by**

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