

# WORLD MEMON ORGANISATION

Abba Ali Yousuf    Tel: +44 (0)20 8932 4232  
 Fax: +44 (0)20 8993 8347    Email: wmo@worldmemon.com

## APPLICATION FORM - NO. WMO 3

**PATRON - MINIMUM CONTRIBUTION: US \$25,000**

<b>FIRST NAME</b>	<b>FATHER'S NAME</b>	<b>GRANDFATHER'S NAME</b>
MR/MRS/MISS		
PLACE & DATE OF BIRTH:	PLACE OF BIRTH:	PLACE OF BIRTH:
<b>PROFESSION</b>	<b>QUALIFICATION</b>	<b>POST HELD</b>
<b>RESIDENTIAL ADDRESS</b>		
	<b>TEL. NO.</b>	
<b>BUSINESS ADDRESSES</b>	1)	2)
<b>TELEPHONE NO.</b>	<b>FAX NO.</b>	<b>MOBILE NO.</b>
<b>EMAIL ADDRESS</b>	<b>NAME &amp; NATURE OF BUSINESS:</b>	
<b>NAME OF ORGANISATION ASSOCIATED WITH AND POSITION HELD</b>		
<b>STATE METHOD OF PAYMENT:</b>		

FOR SPOUSE MEMBER, PLEASE FILL THIS PART

<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>SURNAME</b>
MRS.		
<b>ADDRESS</b>		
<b>TELEPHONE NO.</b>	<b>FAX NO.</b>	<b>MOBILE NO.</b>
<b>EMAIL ADDRESS</b>	<b>PLACE &amp; DATE OF BIRTH</b>	<b>DATE:</b>
		<b>SIGNATURE:</b>

**DETAILS OF ASSOCIATION/JAMAT**

<b>NAME OF ASSOCIATION/JAMAT</b>		
<b>ADDRESS OF ASSOCIATION</b>		
<b>TELEPHONE NO.</b>	<b>FAX NO.</b>	<b>EMAIL ADDRESS OF ASSOCIATION</b>

I HEREBY AGREE TO THE AIMS AND OBJECTS OF THE WMO AND WILL ABIDE BY ITS CONSTITUTION AND RULES & REGULATIONS.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE:

CHILDREN OVER 18 YEARS SHOULD FILL THEIR OWN APPLICATION FORM.

**FOR OFFICIAL USE ONLY**

RECEIVED ON: ..... APPROVED ON: ..... FILE REF: .....  
 AMOUNT TO CHARGE US \$: ..... INVOICE NO. ....

