

Membership Application/Renewal Form

Name/Name of organisation	
Registered address	
Telephone	
Website	
President/ Chairman	
Director General/ Executive Director/ CEO	
Contact email address	
Legal status & registration authority and number	
Type of membership being applied for	<input type="checkbox"/> Full membership <input type="checkbox"/> Associate membership

Annual Membership Fee (Tick ✓ as applicable)

The annual fee is as follows:

☐ **Member**

- ☐ Tk.5,000/- for not-for-profit organisations
- ☐ Tk. 25,000/- for private companies

☐ **Associate Member**

- ☐ Tk. 2,000/- for individuals
- ☐ Tk. 25,000/- for international organisations and donor agencies

(Payment Detail Overleaf)



Payment Details

I, on behalf of (Name of Organisation)..... declare that the attached cheque (No.).....of(Bank Name), amounting to Tk.....is attached herewith in favour of “InM-Financial Inclusion Network Bangladesh” for FIN-B membership.

Name, Designation and Signature:

Date:

Declaration

I declare that the above mentioned information provided in this form is correct, and that I accept to respect FIN-B statutes.

Name, Designation and Signature:

Date:

Please return this form to **FIN-B, InM Office**, 1st Floor, PKSF Bhaban, E-4/B, Agargaon A/A, Sher-e-Bangla Nagar, Dhaka- 1207

Office Copy

Membership Serial:

Name of the organisation:

Membership date:

Renewal date:

Amount paid :

Valid upto:

Authorised Signatory

Member's Copy

Membership Serial:

Name of the organisation:

Membership date:

Renewal date:

Amount paid :

Valid upto:

Authorised Signatory