

WOUNDED LABOURERS RELIEF ASSOCIATION

Membership Application Form

SECTION A: PERSONAL INFORMATION

LAST NAME	<input type="text"/>
-----------	----------------------

FIRST NAME	<input type="text"/>
------------	----------------------

NIN/ PASSPORT NUMBER	<input type="text" value="/ / / / / / / / / / / / / / / /"/>
DATE OF BIRTH (DD/MM/YYYY)	<input type="text" value="/ /"/>

GENDER (Tick)	<input type="text" value="M/ / F/ /"/>
MARITAL STATUS	<input type="text"/>
NEW MEMBER (Tick)	<input type="text" value="YES/ / NO/"/>

SECTION B: CONTACT DETAILS

VILLAGE	<input type="text"/>
PARISH	<input type="text"/>
SUBPARISH	<input type="text"/>
COUNTY	<input type="text"/>
SUB COUNTY	<input type="text"/>

EMAIL ADDRESS	<input type="text"/>
MOBILE TEL. NUMBER	<input type="text"/>
P.O BOX NUMBER	<input type="text"/>
HOME TEL. NUMBER	<input type="text"/>

WOUNDED LABOURERS RELIEF ASSOCIATION

Membership Application Form

SECTION D: DETAILS OF YOUR EMPLOYMENT

Please tick the appropriate region	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Central Uganda	Northern Uganda	Eastern Uganda	Western Uganda	Southern Uganda	East Africa	Overseas

EMPLOYER	
DEPARTMENT	
ADDRESS OF EMPLOYER	

STAFF NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
--------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

SECTION E: OTHER INFORMATION

MEMBER CATEGORY APPLIED FOR (please tick)	<input type="checkbox"/> Ordinary <input type="checkbox"/> Affiliate <input type="checkbox"/> Honorary <input type="checkbox"/> Associate
---	--

I would like to make a contribution of UGX _____ to the study scholarship program.

I hereby agree to abide by the present and future rules of Wounded Labourers Relief Association.

Signature of Applicant **Date**

Witness 1 **Witness 2**

Signature signature

