



LAHORE CONSERVATION SOCIETY

MEMBERS DATA UPDATE FORM

Name:	Member Since:
Father/Spouse:	Date of Birth:
Profession:	CNIC#
Educational Qualifications:	Telephones:
Postal Address:	Cell Phone:
	Email:
Affiliations:	Interests:

LCS OFFICES HELD *(optional)*

PERIOD		OFFICE HELD
FROM	TO	

Notable contributions towards LCS, and participation in its programmes: *(optional)*

(continue on back-page, if required)

<p>I re-affirm my agreement to, and acceptance of, the Articles of Association, Rules & Regulations, and aims and objectives of LAHORE CONSERVATION SOCIETY, and my undertaking to abide by them.</p>	<p>Signatures:</p> <p>Date:</p>
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