



LAHORE
CONSERVATION
SOCIETY

MEMBERSHIP FORM	
Name:	
Father/Spouse:	Date of Birth
Profession:	CNIC#
Educational Qualifications:	Telephone:
Postal Address	Cell Phone
	Email
Affiliations:	Interests:
I agree to, and accept, the Articles of Association, Rules & Regulations, and aims and objectives of the LAHORE CONSERVATION SOCIETY, and undertake to abide by them.	Signatures: Date:
PROPOSED BY:	
Name:	Signatures: Date:
Address	
<u>Annual Membership Fees : PKR 1000</u>	
Paid:	
Date:	
Valid until:	

NOTES:

1. New members will be proposed by the existing members.
2. Memorandum of Association & Rules & Regulations are available at www.lcs.org.pk