



# International Safety Management Council

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## MEMBERSHIP FORM

Date \_\_\_\_\_

1 Name \_\_\_\_\_

2 Father's Name \_\_\_\_\_

3 Date of Birth \_\_\_\_\_ 4 Cell No. \_\_\_\_\_

5 CNIC No. \_\_\_\_\_

6 Mailing Address \_\_\_\_\_  
\_\_\_\_\_

7 E-mail \_\_\_\_\_ 8 Day Time Phone No. \_\_\_\_\_

9 Occupation \_\_\_\_\_ 10 Blood Group \_\_\_\_\_

11 I herewith Deposit Rs. \_\_\_\_\_ (In words) \_\_\_\_\_

Cash / Cheque No. \_\_\_\_\_ Dated \_\_\_\_\_ Drawn on \_\_\_\_\_  
*in favour of ISM Council, (Regd.) for becoming Annual / Life Membership.*

**DECLARATION:** *I wish to be a part of the International Safety Management Council, (ISM Council) and promise to work as per the principles, norms and abide by all rules of the society and work for the welfare of the people. So, please enroll me as a working member of your society. I will be present on all events and meetings conducted by the society.*

*I hereby also declare that if I ever get found indulged in any illegal or antisocial activity, my membership will be cancelled.*

\_\_\_\_\_  
Member Signature

## FOR OFFICE USE ONLY

Date \_\_\_\_\_

Recommended by \_\_\_\_\_

ISM Council Membership No. \_\_\_\_\_

Category  Annual  Life  
Time

Approved by \_\_\_\_\_  
President ISM Council

