



MOULVIBAZAR DISTRICT COUNCIL- UK

Office I 217 Biscot Road I Luton I Beds I LU3 1AR I

Membership / Renewal Form

Mr/Mrs/Ms/Miss _____ FULL NAME _____

ADDRESS _____ TOWN _____

COUNTY _____ POSTCODE _____

HOME PHONE NO _____ Email _____

Bangladesh Address _____ MOBILE NO _____

FATHER NAME _____

VILLAGE _____ UNION/TANA _____

POST OFFICE _____ UPAZILA _____

Declaration: I hereby agree to abide by the rules and regulations according to the constitution of the Moulvibazar District Council UK. I also declare that, I shall work sincerely and support its policies.

Signature of Member:

Date:

For office use only		
Approved Date _____	Fee _____	Approved By: _____
President Sign _____	Secretary Sign _____	Membership no _____

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