IT Services Providers Association

Sialkot.

Form No. ITSPA-_____

Name: *

CNIC _____ * NTN _____

Company: _____

Office Address: _____

_____

Designation: _____

Phone Office 1 *	_____	Phone Home	_____
Phone Office 2	_____	WhatsApp	_____
Mobile Office	_____	Mobile Personal	_____
LinkedIn	_____	Facebook	_____
E-Mail Office *	_____	**E-Mail Personal**	_____
Website Office	_____		

Representative Name: _____ **( ) Can Vote**

Rep. Mobile: _____ **Rep. Email:** _____

(Attach documents if necessary)

Membership Type Selected: *

☐ **Member** ☐ **Associate** ☐ **Student** ☐ **Honorary**

I hereby certify that all the above information is true to the best of my knowledge and belief. I agree to abide all the laws and regulations of ITSPA Sialkot, and any others made by the association time to time.

_____ _____

Applicant's Signature **Representative Sig. (if any)**

For Office Use Only

Registration No:

Registration Fee: _____ **Receipt #:** _____

Date: _____

Photo

Signature of President: _____

Signature of G. Secretary: _____

Subscription Record for ITSPA member ID: _____

Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Other	Donation	Total
2019							
2020							
2021							
2022							
2023							
2024							
2025							
2026							
2027							
2028							
2029							
2030							