



Member Number: \_\_\_\_\_

## Membership Form

Kindly, complete this form and return it with organization's profile to the address given below:

### Information

**Organization** \_\_\_\_\_

**Contact Person** (Mr. / Miss / Mrs. / Dr.) \_\_\_\_\_

**Designation** \_\_\_\_\_

Complete information is required in order to receive important material and updates from CTC-Pak Secretariat

**Postal Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **City** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Website** (if any) \_\_\_\_\_

### Area(s) of work

Tobacco Control  Education  Environment  Health  Human Rights  Media

Research  Others \_\_\_\_\_

### Declaration

It is stated that information provided above on behalf of my organization is correct and hereby, declare that the organization is not involved in any way with tobacco industry and/or its products promotions.

Signature \_\_\_\_\_

Date \_\_\_\_\_