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 _______________________

Member Number: