

Gopalganj Ex-Model School Students' Association

(GEMSSA)

(Application Form for Membership of GEMSSA)

Photograph

Please fill up the form in Capital Letter.

- Name : _____
- Name of Father : _____
- Name of Mother : _____
- Name of Spouse : _____
- Date of Birth : _____
- Present Address : _____
- Permanent Address : _____
- E-mail Address : _____
- Mobile Number : _____
- Present Occupation : _____
- Academic Year (S.M. Model School) : _____ to _____ Primary _____ to _____ High
- SSC Information : Passing Year _____ Roll Number _____
Group _____
Name of the School _____
- Type of Membership : Life Member/ Honorary Member/ Special Member/Donor Member
- Amount Paid : Tk. _____ Payment Method _____
- Blood Group :

I solemnly affirm that I am aware of the criteria of getting GEMSSA membership and all information furnished by me is correct and for any false/corrupted information my membership may not be granted or cancelled and I will not demand the membership fees back paid by me.

Signature with Date

Tk. _____ received from Mr. _____.

He is awarded with Life Membership/Honorary Membership/Special Membership/Donor Membership of GEMSSA.

President

Secretary