UNITED TOURISM STAKEHOLDERS SOCIETY OF BANGLADESH

UTSSOB Membership Form

Please complete this form in BLOCK LETTERS and submit it to the administration office.

Photo

1. Personal Information

Name (Full):	
Profession:	
Organization/Company Name:	
Type of organization:	
Designation:	
Date of Birth:	
National ID / Passport No:	

2. Contact Details

Present Address:	
Permanent Address:	
Mobile Number:	
Email Address:	
Website (if any):	

3. Membership Details

Categories of Membership:

☐ Local Individual Member

☐ Foreign Individual Member

☐ Local Organizational Member

☐ Foreign Organizational Member

4. Declaration

I hereby apply for membership to Utssob. I agree to abide by the rules and regulations of the organization and support its mission.

Signature: _____ **Date:** _____

Office Use Only

Membership ID:		**Date Joined:**
APPROVAL DATE:		