



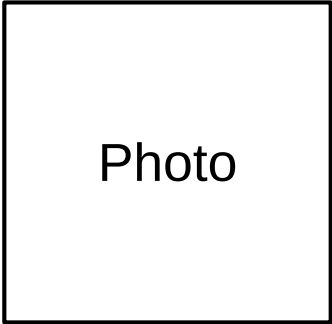
UNITED TOURISM STAKEHOLDERS SOCIETY OF BANGLADESH

UTSSOB Membership Form

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

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:	