



Al Shajarah Membership Application Form (Individuals)

Name			
Nationality		Address	
National Number	_____	P. O. Box	
Place of Birth		City	
Date of Birth	___/___/_____	Postal Code	
Degree		Tel	
Profession		Cell	
Email		Fax	

Registration Fee (one time payment): 20 JDs

Membership Enrolment Annual Fee: 20 JDs

Date of Application Form Submission ___/___/_____

By signing this membership application form I hereby declare that the information given above is accurate and if selected, I shall abide by the Constitution and By-Law of Al Shajarah NGO in force and pledge not to breach or violate them in any shape or form.

Name		Signature	
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For the use of Al Shajarah NGO:

Endorsement of two full members:

Name		Signature	
Name		Signature	

Application Form Receipt Date: ___/___/_____

Name and Signature of the Recipient: _____

Al Shajarah NGO shall have the right to accept or reject any application request within sixty days from the date of its official submission. The application shall be considered accepted only if approved in accordance to the provisions of Al Shajarah's By-Law. The applicant will only be considered a full member after the payment of the registration and annual membership fees. If the applicant does not receive a reply from Al Shajarah within sixty days from the date of application submission the application will be considered rejected.

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