



Member Number: _____

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 _____