

Annual Membership

Membership No.:

Photo

**GLOWS - Global Welfare Society of Thailand**

Sukhumvit Soi 24, Bangkok - 10110

**APPLICATION FOR MEMBERSHIP**

[GlobalWelfareSocietyThailand@gmail.com](mailto:GlobalWelfareSocietyThailand@gmail.com) [www.GlobalWelfareSocietyThailand.org](http://www.GlobalWelfareSocietyThailand.org)

Last Name .....		First Name .....		Middle Name .....	Blood Type (Would you like to be contacted for Blood Donation – Y / N) .....
Nationality .....	Date of Birth (d/m/y) .....	Gender .....	Place of Birth (City/Country) .....	Community .....	
Home Address ..... ..... City ..... Postal Code .....			Business Address ..... ..... City .....Postal Code .....		
Mobile: ..... Fax: .....			Tel.: ..... (O) Fax: .....(O)		
E-mail : .....			E-mail : .....		
Your Business , Occupation or Profession			Spouse Name: Children (If any) – Age: _____		
Education			Members of Clubs and Organizations (if any)		
Hobbies and Interests			Languages		
Countries you have lived			Any special skills		
Signature :			Date :		
<i>How would you like to volunteer in the activities and projects of GLOWS (Time, Expertise, Skills, Sponsor or otherwise - Let us know)</i>					
<i>Please specify, in what ways you can help GLOWS Thailand achieve its aim/objectives</i>					
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**FOR OFFICIAL USE ONLY**

Application received, Date	Remarks (if any)
Accepted (President), Date, Signature	
Membership paid, registered, President Signature	Membership No.

Regards  
Mrs. Ashu Khurana  
President  
GLOWS Thailand  
+6687-3414846, ashukhurana@hotmail.com