



শাপলা ওয়েলফেয়ার এসোসিয়েটস্ নিউইয়র্ক, ইন্ক SHAPLA WELFARE ASSOCIATES NEW YORK, INC.

35-46 74th St. Apt# 527, Jackson heights, NY 11372, shapla.ny1@gmail.com

A Non-Political, Non-Profitable, First Registered Taxi Organization aim at Social Welfare

MEMBERSHIP FORM

1. Name: First..... M.I..... Last

2. Mailing Address:..... Apt

City..... State Zip

3. Phone : Home Cell

4. Nominee:

Name.....

Address.....

Phone.....

5. Hack License number: (Photocopy Enclosed).....

6. Nearest Relative or Friends: Name.....

Address.....

Phone..... Cell

Membership Enrollment Fee \$ 45.00 is Enclosed Hearwith By: Cash/Check/Money Order to The Total Amount

Enclosed \$ In Words:

Declaration: I do here by Declare on solemn affirmation that the information given in this application is true.

I also declare that, I am 18 years or older I shall abide by all the rules and regulation stated in constitution of this organization and I will pay all suberptions and dues as per the decision of the authority.

Signature Date.....

Requirement (1) TLC Hack Licence (2) 2 copies Photo (3) Copy of Driving License

*** If Any Wrong Information is provided Application will be Canceled.**

FOR OFFICIAL USE ONLY

SWANY/I/EXAM...../..... Executive Meeting Date.....

☐ APPROVED ☐ DISAPPROVED ☐ OBSURVATION ☐ MEMBERSHIP NUMBER

SIGNATURE: _____

President

General Secretary