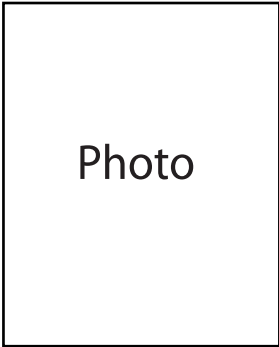




Old Placidians' Association

St. Placid's High School, Patherghata, Chittagong

Web : www.opabd.org, E-mail : info@opabd.org



Membership Form

Life General

Full Name : _____

Life membership # : _____

Father's name : _____

Mother's name : _____

Mailing address : _____

Occupation : _____

Phone number : _____

Cell number : _____

Email address : _____

Date of birth : DD - MM - YYYY

Class and year attended : Class - From _____ To _____
Year - From _____ To _____

SSC passing year : _____

Name of wife : _____

Wedding anniversary : _____

Children name : Sons: _____ Daughters: _____
1. _____ 1. _____
2. _____ 2. _____
3. _____ 3. _____

Blood group : _____

Reference :
Proposer : _____ LM No. : _____ Sign: _____
Secunder: _____ LM No. : _____ Sign: _____

NID Number : _____

Signature : _____ Date : _____

Note : We all signed members in this form declare that all information provided here is true. OPA EC reserves the right to cancel membership for any false declaration by any OPA member.