



Official Supporters Club

Nepal

OLSC Nepal: The Himalayan Kopites 15/16 Membership Form

FORM NUMBER:

Date:

(Office use; please leave blank)

Name:	<input type="text"/>		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Phone Number:	<input type="text"/>		
Email Address:	<input type="text"/>		
Did you take the 14/15 Membership?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Full Address: (Include a landmark, school, institution, etc.)	Card No.	<input type="text"/>	
How did you know about us?			
<input type="checkbox"/> Facebook Page			
<input type="checkbox"/> Facebook Group			
<input type="checkbox"/> Twitter			
<input type="checkbox"/> Friends			
<input type="checkbox"/> Other Specify: <input type="text"/>			

Signature

Authorised Signature