

LARDWAZ
The writer's Association

APPLICATION FORM

Name :-----

Surname:-----

D. O. B:-----

N.I.N:-----

Profession:-----

Work Address:-----

Home Address:-----

Postal Address:-----

Tel Contact: Home:----- Work:-----

Mobile:----- others:-----

Email :----- Fax:-----

Website:-----

Literary genre(s)

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-

Applicant's Signature:----- Date:-----

Reason's for aqpplication(List)

- -----
- -----
- -----
- -----
- -----

For Official Use only

Remarks

Approved

Not Approved

Chairperson's signature:----- Date:-----

A registration fee of SR50 and a membership fee of SR100 is payable on submission of the application form.