



# Membership Application Form

(Please read the Membership Criteria & Fee on website instructions before filling the Membership Application Form)  
(Incorporated-the OIM-IWP is an organ of INOC which is registered under The Indian Trusts Act of 1882, Govt. of India)

## A. Check Organization Member Type

Applications must be approved to assure eligibility criteria are met. Check only one box

- Corporate Membership
  Associate Membership
  Regular Member
  Life Member  
 Patron-in-chief/Chief Patrons/Patron
  Advisory Board
  National Director
  National Branch Opening

## B. Corporate Membership Information

To be completed by the Head of the Organization or designated representative of the Organization

Name of Organization: \_\_\_\_\_

Name & Designation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Website: \_\_\_\_\_ e-mail \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) Fax: ( \_\_\_\_\_ )

Type of Legal Entity \_\_\_\_\_

Inception Date: \_\_\_\_\_ Cell No: \_\_\_\_\_

Is the Organization an IT Tax

Exempt?: Yes  No

IT Tax ID: \_\_\_\_\_

Is the Organization: National  Local  International

## B. 1. Designated Official Representative Information

Designated *Official* Representative \_\_\_\_\_

Printed name Title

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) Fax: ( \_\_\_\_\_ )

The signature of the official representative below indicates that the applicant institution supports the purposes of the Organization of Indian Muslim & Islamic World For Peace and the decision binding requirement.

**Declaration:** I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. I/We hereby declare that I/we am/are not member of any anti-national organization or banned by a country/UN or Global Agency, In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We aware that I/We may be held liable for it. I/We hereby authorize sharing of the information furnished on this form with the **Organization of Indian Muslim & Islamic World For Peace** (OIM-IWP).

Signature of Official Representative

Date



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## C. Associate Membership Information

To be completed by the Head of the Organization or designated representative of the Organization

Name of Organization: \_\_\_\_\_

Name & Designation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Website: \_\_\_\_\_ e-mail \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) Fax: ( \_\_\_\_\_ )

Type of Legal Entity \_\_\_\_\_

Inception Date: \_\_\_\_\_ Cell No: \_\_\_\_\_

Is the Organization an IT Tax

Exempt?: Yes  No

IT Tax ID: \_\_\_\_\_

Is the Organization: National  Local  International

## C. 1. Designated Official Representative Information

Designated *Official* Representative \_\_\_\_\_

Printed name Title

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) Fax: ( \_\_\_\_\_ )

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Signature of Official Representative

Date



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## D. Regular Membership Information

To be completed by the Head of the Organization or designated representative of the Organization

Name of Organization: \_\_\_\_\_

Name & Designation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Website: \_\_\_\_\_ e-mail \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) Fax: ( \_\_\_\_\_ )

Type of Legal Entity \_\_\_\_\_

Inception Date: \_\_\_\_\_ Cell No: \_\_\_\_\_

Is the Organization an IT Tax

Exempt?: Yes  No

IT Tax ID: \_\_\_\_\_

Is the Organization: National  Local  International

## D. 1. Designated Official Representative Information

Designated *Official* Representative \_\_\_\_\_

Printed name Title

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) Fax: ( \_\_\_\_\_ )

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Signature of Official Representative

Date



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## E. Life Membership Information

To be completed by the Head of the Organization or designated representative of the Organization

Name of Organization: \_\_\_\_\_

Name & Designation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Website: \_\_\_\_\_ e-mail \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) Fax: ( \_\_\_\_\_ )

Type of Legal Entity \_\_\_\_\_

Inception Date: \_\_\_\_\_ Cell No: \_\_\_\_\_

Is the Organization an IT Tax

Exempt?: Yes  No

IT Tax ID: \_\_\_\_\_

Is the Organization: National  Local  International

## E. 1. Designated Official Representative Information

Designated *Official* Representative \_\_\_\_\_

Printed name Title

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) Fax: ( \_\_\_\_\_ )

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## F. Patron-in-chief/Chief Patrons/Patron Membership Information

To be completed by the Head of the Organization or designated representative of the Organization

Name of Organization: \_\_\_\_\_

Name & Designation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Website: \_\_\_\_\_ e-mail \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) Fax: ( \_\_\_\_\_ )

Type of Legal Entity \_\_\_\_\_

Inception Date: \_\_\_\_\_ Cell No: \_\_\_\_\_

Is the Organization an IT Tax Exempt?: Yes  No

IT Tax ID: \_\_\_\_\_

Is the Organization: National  Local  International

### F. 1. Designated Official Representative Information

Designated *Official* Representative \_\_\_\_\_

*Printed name* *Title*

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) Fax: ( \_\_\_\_\_ )

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## G. Advisory Board Membership Information

To be completed by the Head of the Organization or designated representative of the Organization

Name of Organization: \_\_\_\_\_

Name & Designation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Website: \_\_\_\_\_ e-mail \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) Fax: ( \_\_\_\_\_ )

Type of Legal Entity \_\_\_\_\_

Inception Date: \_\_\_\_\_ Cell No: \_\_\_\_\_

Is the Organization an IT Tax Exempt?: Yes  No

IT Tax ID: \_\_\_\_\_

Is the Organization: National  Local  International

## G. 1. Designated Official Representative Information

Designated *Official* Representative \_\_\_\_\_

*Printed name* *Title*

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) Fax: ( \_\_\_\_\_ )

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Signature of Official Representative

Date



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## H. National Director Membership Information

To be completed by the Head of the Organization or designated representative of the Organization

Name of Organization: \_\_\_\_\_

Name & Designation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Website: \_\_\_\_\_ e-mail \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) Fax: ( \_\_\_\_\_ )

Type of Legal Entity \_\_\_\_\_

Inception Date: \_\_\_\_\_ Cell No: \_\_\_\_\_

Is the Organization an IT Tax Exempt?: Yes  No

IT Tax ID: \_\_\_\_\_

Is the Organization: National  Local  International

## H. 1. Designated Official Representative Information

Designated *Official* Representative \_\_\_\_\_

*Printed name* *Title*

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) Fax: ( \_\_\_\_\_ )

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Date



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## K. National Branch Opening Membership Information

To be completed by the Head of the Organization or designated representative of the Organization

Name of Organization: \_\_\_\_\_

Name & Designation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Website: \_\_\_\_\_ e-mail \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Type of Legal Entity \_\_\_\_\_

Inception Date: \_\_\_\_\_ Cell No: \_\_\_\_\_

Is the Organization an IT Tax

Exempt?: Yes  No

IT Tax ID: \_\_\_\_\_

Is the Organization: National  Local  International

## K. 1. Designated Official Representative Information

Designated *Official* Representative \_\_\_\_\_

*Printed name* *Title*

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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Signature of Official Representative \_\_\_\_\_

Date \_\_\_\_\_





## Membership Dues

(Please read the Membership Criteria & Fee on website instructions before filling the Membership Application Form)  
(Incorporated-the OIM-IWP is an organ of INOC which is registered under The Indian Trusts Act of 1882, Govt. of India)

### D. Membership Dues

**Dues expire December 31 of the current year for applications approved January through September.**  
**Applications approved from October to December will expire December 31 of the following year**

<b>Corporate Membership</b>	: (INR 2000 -For Indian) and US\$ 80 -For Abroad)
<b>Corporate GOLD membership</b>	: INR 5000 or 250 USD.( For USD conversion must add USD \$ 25.00 on Fee) (eligible to display his/her photo on website).
<b>Associate Membership</b>	: (INR 2000 -For Indian) and US\$ 80 -For Abroad)
<b>Associate GOLD membership</b>	: INR 5000 or 250 USD.( For USD conversion must add USD \$ 25.00 on Fee) (eligible to display his/her photo on website).
<b>Regular Member</b>	: (INR 1500 -For Indian) and US\$ 70 -For Abroad)
<b>Regular GOLD membership</b>	: INR 4000.00 or 250 USD.( For USD conversion must add USD \$ 25.00 on Fee) (eligible to display his/her photo on website).
<b>Life Member</b>	: (INR 50,000 -For Indian) and US\$ 5,000 -For Abroad)
<b>Life GOLD membership</b>	: INR 50,000 or 5,000 USD.( For USD conversion must add USD \$ 25.00 on Fee) (eligible to display his/her photo on website).
<b>Patron-in-chief/Chief Patrons/Patron</b>	: (Annual Fee Exempted)
<b>Patron-in-chief/Chief Patrons/Patron is GOLD membership</b>	: Patron-in-chief/Chief Patrons/Patron Members can himself donate some annual basis, which help OIM-IWP for smooth functioning of the office (eligible to display his/her photo on website).
<b>Advisory Board</b>	: (Annual Fee Exempted)
<b>Advisory Board GOLD membership</b>	: Advisory Board Members can himself donate some annual basis, which help OIM-IWP for smooth functioning of the office (eligible to display his/her photo on website).
<b>National Director</b>	: (Annual Fee Exempted)
<b>National Director GOLD membership</b>	: National Director Members can himself donate some annual basis, which help OIM-IWP for smooth functioning of the office (eligible to display his/her photo on website).

(Cont.)



## Membership Dues (Cont.)

(Please read the Membership Criteria & Fee on website instructions before filling the Membership Application Form)  
(Incorporated-the OIM-IWP is an organ of INOC which is registered under The Indian Trusts Act of 1882, Govt. of India)

Cheque/Check enclosed (*payable to* Organization of Indian Muslim & Islamic World For Peace)

I authorize the Organization of Indian Muslim & Islamic World For Peace to charge these dues to my credit card:

AMEX     MasterCard     Visa

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

You can pay your membership fee/donation by depositing cash in any of the Punjab National Bank, branch which is CBS enabled, Note : The donation amount is fully upto donor. The OIM-IWP can accept any amount from US\$ 100.00 to US\$ Millions, but before donor has to confirm to the OIM-IWP Office by sending e-mail at [info@oim-islamicworld.org](mailto:info@oim-islamicworld.org) about their participation of the particular projects.

Kindly send "cash Deposit" (E-Slip) to the below OIM-IWP Office Address or e-mail at : [info@oim-islamicworld.org](mailto:info@oim-islamicworld.org), fill your details in e-mail, which includes, name, address, tel, fax, e-mail and mobile Number. Payment received will be updated at OIM-IWP after 48 hrs.

### Payment by Cheque/Check

#### Bank Details:

You may deposit the Cheque in our Punjab National Bank, account in the name of : "**Organization of Indian Muslim & Islamic World For Peace**"

Punjab National Bank, a/c number : 2408000150178916

Branch name: Lalbagh, Lucknow-226001, (U.P.) India.

#### Bank Transfer (within India) (Details for Wire transfer) :

Account Number: 2408000150178916

IFSC Code: PUNB0240800

Bank Name: Punjab National Bank ; Bank Address: : Branch name: Lalbagh, Lucknow-226001, (U.P.) India.

Account Name: "**Organization of Indian Muslim & Islamic World For Peace**"

#### International wire transfer (Details for Wire transfer) :

Account Number: 2408000150178916

Swift Code: PUNBINBBLHG

Bank Name: Punjab National Bank ;Bank Address: Branch name: Lalbagh, Lucknow-226001, (U.P.) India

Account Name: "**Organization of Indian Muslim & Islamic World For Peace**"



## Membership Application Form

Please email completed application to : info@oim-islamicworld.org or mail it to:

**Organization of Indian Muslim & Islamic World For Peace**

Office 512, Parsvnath Planet, TCG - 8/8 & 9/9 Vibhuti  
Khand, Gomti Nagar, Lucknow-226010 (U.P.) INDIA

**TO EXPEDITE YOUR APPLICATION,  
MAIL IT TO:**

OIM-IWP : Office 512, Parsvnath  
Planet, TCG - 8/8 & 9/9 Vibhuti  
Khand, Gomti Nagar, Lucknow-226010

### For Official Use

Date application received: \_\_\_\_\_

Received by: \_\_\_\_\_

Date submitted to Membership Committee \_\_\_\_\_

Action taken: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Date action taken: \_\_\_\_\_

Comment: \_\_\_\_\_

\_\_\_\_\_