



## Institutional Membership Form

School:

Branch:

Head of School:

Address of School:

Phone:

Fax:

E-mail:

Date:

Signature

**Membership Fee: Rs. 1,200/- for 12 months**  
**(Rs. 600/- Membership fee for 12 months for each branch.)**  
( Please add additional pages for information regarding each branch.)

Please make cheques payable to

**Children's Museum For Peace and Human Rights**

Return the form with membership fee to:

CMPHR, 9-C/1, 8th East Street, Phase - 1, D.H.A., Karachi - 75500

Phone: 580 0245 & 588 6481, Cell: 0333-226 3189 Fax: 588 6481 E-mail: info@cmphr.org

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### For office use only

Membership No:

Joining Date:

Expiry Date: