



Teachers' Resource Centre  
making a difference

## Teachers' Resource Centre Institutional Membership Form

Membership No.

For Office Use Only

Membership Date: \_\_\_\_\_

Receipt No: \_\_\_\_\_ Accountant's Signature: \_\_\_\_\_

\_\_\_\_\_

- Membership Verification

\_\_\_\_\_

- Mailing Database

\_\_\_\_\_

- Library Process

• Name of Institution (In BLOCK LETTERS): \_\_\_\_\_

• Name of Head: \_\_\_\_\_

• Mailing Address: \_\_\_\_\_

• Telephone Numbers: \_\_\_\_\_

• Email: \_\_\_\_\_

• Website: \_\_\_\_\_

• Cell phone number of Head (Optional): \_\_\_\_\_

• Name of Representative, if other than school / institution Head: \_\_\_\_\_

*(For liaison between TRC and Institution, all the mail and correspondence will be addressed to representative.)*

• Cell phone number of representative (Optional): \_\_\_\_\_

• **Type of Institution** (Tick only one, as applicable)

School  School Network

Teacher Training Institute  Educational Institute/Organisation

Other (please specify: \_\_\_\_\_)

• **Ownership** (Tick only one, as applicable)

Private Group  Private Individual

Government  Non-Profit (NGO/Trust)

Other (please specify: \_\_\_\_\_)

• **Location** (Tick only one, as applicable)

Karachi  Outstation

• **Teaching Staff** (for schools and school networks only):

Level/Section	Pre-primary	Primary	Secondary	Total
No. of Teachers (including academic coordinators)				

• **Number of Branches** (for school networks only): \_\_\_\_\_

*On behalf of my institution/organisation, I state that I clearly understand the rights of an Institutional Member, and accept the responsibilities in this regard. I also verify that to the best of my knowledge and belief the data given in this form are correct.*

\_\_\_\_\_  
Signature of Head

\_\_\_\_\_  
Date

Institution Seal