



Teachers' Resource Centre
making a difference

Teachers' Resource Centre 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 a Member, and accept the responsibilities in this regard. I also verify that to the best of my knowledge the data given in this form is correct.

Signature of Head

Date

Institution Seal