

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): _____

Teachers' Resource Centre, C-121, 2nd Floor, Ehtesham Centre, DHA Phase 1, Karachi 75500
www.trconline.org | info@trconline.org |  TRCPakistan |  teachers_resource_centre
021-35392976 021-35394059

TRC is an enabler of SDG 4 in Pakistan:

"Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all".

• **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

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