

Date: _____

The President
Digital Marketing Association of Pakistan

Membership No.

Membership Type: 1- Students 2- Professionals 3- Corporates		
Applicant's Name:		Photograph
Address:		
CNIC:	Date of Birth:	
Reason of Joining DMAP: 1- 2- 3-		
PHONE/E-MAIL : _____ _____		
Educational Qualification:	Name Of University/Institute:	
Name of Company:		
Designation & Experienced:		
Please Ensure To Attach: 1- Visiting Card 2- CINC Copy 3- Resume 4- Project (if any)		
Primary Focus 1- B2C 2- B2C	Specialization Domain:	
Are You Member of Any Other Professional Association:		Signature:
PAYMENT INFORMATION: 1- Cash Payment 2- Online Transfer 3- Payment Through Cheque		
This Section to be filled by DMAP Officer		
Remarks:	President:	