



Literature Council of Bhutan

साहित्य परिषद भूटान

**GENERAL MEMBERSHIP FORM**

NAME: \_\_\_\_\_  
(First) (Middle - Optional) (Last)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

MAILING ADDRESS: \_\_\_\_\_  
(Street, house, apt)  
\_\_\_\_\_  
(City) (State) (ZIP)

ADDRESS IN CAMP: \_\_\_\_\_

ADDRESS IN BHUTAN: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PERSONAL BLOG: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

LITERARY WORKS:

*I am seeking the membership of LCOB stating:  
I shall abide by the norms and regulations of the  
LCOB and do not involve in any activities that may  
defame and derail the mission and its vision.*

Signature: \_\_\_\_\_

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

*The membership will be viable after the approval of  
Board of Directors.*