



**MAURITIUS FAMILY PLANNING AND WELFARE ASSOCIATION**  
**30 SSR Street, Port-Louis, Mauritius**

No.....

For office use only

**MEMBERSHIP FORM**

A Recent  
Passport Size  
Photograph

**YOUTH REPRESENTATIVE**

Title            Mr             Mrs             Ms

Surname ..... Forenames .....

Maiden Name (if applicable).....

Gender            Male             Female

Marital Status    Single     Married     Other.....

Residential Address.....

Date of Birth..... Age last birthday..... NIC or Passport No\*.....

Phone No. Office..... Home ..... Mobile.....

Email address.....

Occupation/Profession\*.....

Qualification\* .....  
.....  
.....

Experience\* .....

**I agree to abide by the Rules and Regulations of the Association and to pay the Annual fee of Rs 200.**

Date: ..... Signature of Applicant.....

\* Attach documentary evidence



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**YOUTH MEMBER CRITERIA FOR ELIGIBILITY**

A youth Representative of the Association shall:

- (i) be holder of a Cambridge Higher School Certificate or its equivalent; and
- (ii) have proven experience in social work, including voluntary work, peer education programmes, first aid programmes or sensitisation programmes on drug prevention.