



Non Resident Nepali Association

NRNA MEMBER DETAILS

Please fill out the form with the applicable information. The information given would serve as the basis for the NRNA members' fields of interest.

BASIC DETAILS

Name: _____

Email Address: _____

Contact Number/s: _____

Address: _____

Country of Residence: _____

Photo

PROFESSIONAL BACKGROUND

Industry of business you involved in

- | | | | | |
|-----------------------------------|-----------------------------------|---|--------------------------------------|--|
| ☐ Doctor | ☐ Engineer | ☐ Teaching | ☐ Agriculture | ☐ Entertainment |
| ☐ Business | ☐ Sports | ☐ Hotel/Restuarant | | |

Others, please specify: _____

Company Name: _____ Designation: _____

If you were to invest in Nepal, which sector would you invest in?

- | | | | | |
|-----------------------------------|-------------------------------------|---|--------------------------------------|--|
| ☐ Health | ☐ Technology | ☐ Education | ☐ Agriculture | ☐ Entertainment |
| ☐ Business | ☐ Sports | ☐ Hotel/Restuarant | | |

Others, please specify: _____

Any area of volunteering experience? Please check the appropriate fields.

- | | | | | |
|---------------------------------------|---------------------------------------|----------------------------------|------------------------------------|----------------------------------|
| ☐ Philanthropy | ☐ Humanitarian | ☐ Charity | ☐ Emergency | ☐ Medical |
|---------------------------------------|---------------------------------------|----------------------------------|------------------------------------|----------------------------------|

Others, please specify: _____

Information Usage Consent

In order to provide a professional and effective support we need to keep a record of the above information. This is information such as your name and contact details, the person to contact in case of emergency and details of your volunteering with us. All personal information is treated as private and confidential by all staff and volunteers. It is recorded on a database and/or in a paper file.

I have read and understood the information above, and I give my written consent for globalnrna.org to hold personal information about me, and for staff/volunteers to share information with other agencies where it is necessary.

Name: _____

Signature: _____

Date: _____