

MEMBERSHIP REGISTRATION FORM

Thank you for filling ALL the fields on this form

* Required fields

IDENTIFICATION

* NAME ON CARD

* FULL NAME

* BIRTH DATE

* Gender:

Male

Female

* MOBILE PHONE

Phone number

* E-MAIL

* ADDRESS

* LOCATION

ZIP CODE

* CITY

DISTRICT

* NATIONALITY:

* IDENTITY CARD

* TIN:

* OCCUPATION

professional experience

VOLUNTEER

NO

YES

Mark with an X the activities in which you intend to participate:

Programs

Bankfood

Volunteering

Together Community

Health for all

Partnerships

Cooperation

Education for all

Together Ambassadors

Projects Lab

Projects

Cooperation Projects for Sustainable Development

Humanitarian and Emergency Aid Projects

Social Projects

Other

Individuals

annual fee (Minimum value 24,00 €)

€

Legal

annual fee (Minimum value 50,00 €)

€

I declare under my honor that the information I have filled in this Registration Form is true, as well as I declare to know and comply with the Association's internal statutes and regulations.

CANDIDATE'S SIGNATURE and DATE

Date _____ - _____ - _____

Signature _____

SPACE RESERVED TO DIRECTION

Approved at Board meeting in _____ - _____ - _____

With the number of ASSOCIATE:

Signature _____