

MOVEMENT MEMBERSHIP FORM

Notes: to check the corresponding checkbox, please click the right mouse button, and select "properties" and "checked" option.

TITLE:	□Mr	□Mrs	□Ms	□Dr	□Pro	. 🗆 🔿	her, specify	:		
FIRST NAME:						LAST NAMI	i:			
ADDRESS:						MAIN TELEPHONE: WORK PHONE PRIMARY EMAIL:				
TOWN/CITY:										
POST CODE:										
COUNTRY:						SECONDARY EMAIL:				
FIELD OF PROFESS (e.g.: Finance, Dev		cs etc)								
fghan Peace ar AN: DE64 200! C: HASPDEHH)	5 0550 1502 XXX	2 8134 78		you Don	ation w	th "YOUF	R NAME" 1	o our ba	nk accoui	nt.
DATE:				SIGI	NED:					
				(or v	write nam	e here)				
Studen	es rd Members t Membersh ner Donatio	nip Fees: €	10 per m	onth	mount					
] I need a dona	ation receip	t. Please s	end this 1	to the fol	lowed e	mail addı	ess:			

(or company name)

Thank you for supporting our mission!