



MEMBERSHIP APPLICATION FORM

The undersigned (*Name and Surname*)

Patronymic (*Father's Name and Surname*)

Born in (*City, Country*) On (*date DD/MM/YYYY*)/...../.....

Resident in (*City, Country*)

Address (*street, number*)

Postal Code

Phone Number

E-mail Address@.....

Asks to be admitted as a member of "Methexi" International Partnership for Culture & Arts. For this he undertakes to respect its statute and the payment of the foreseen membership fee.

According to the Article no.7 of the Statute, the two pre-existing members of Methexi who are presenting me are:

Name, Surname:

Name, Surname:

Signature:

Signature:

Date/...../.....

Signature