



MEMBERSHIP APPLICATION FORM

Applicant Information:

Organization:

Contact Position: Title:

Contact First Name: Surname:

Address: ZIP CODE:

City: Country:

Phone: +..... E-mail:

Fax: +..... Website:

NATIONAL ORGANIZATION REPRESENTING (COUNTRY): _____

INDIVIDUAL MEMBER REPRESENTING (COUNTRY): _____

Required Attachments in case of an organization:

- Organization statutes or constitution.
- A copy of the applicant's certificate of legality as issued by the relevant authority
- List of the board members of the organization
- Minutes of the last election of the board

Required Attachments in case of an individual:

- Passport
- ID Card

I hereby certify that all the above information is correct.

Signature: **Date:**

Please return the completed application form via e-mail or post to: office@fisptforall.org