



## MEMBERSHIP APPLICATION FORM

	Spouse
Name: _____	Name: _____
Address: _____ _____	Email: _____
Post Code: _____	Mobile: _____
Tel.No.: _____	ID No.: _____
Mobile: _____	
Email: _____	
ID No.: _____	

**I declare that I will abide by the Association's Statute**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Proposed by: \_\_\_\_\_

Seconded by: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

***SUBJECT TO APPROVAL BY THE EXECUTIVE COMMITTEE***

Annual fee: Member: €5.00

Couple: €7.00

A member of the Chinese People's Association for Friendship with Foreign Countries (Beijing)