

Country

Party Name

Date

The data of the membership Application will be stored electronically. Data protection rules applied according to European Union codes.

Dark-grey fields are for office use only and not need to be filled in by the applicant



MEMBERSHIP APPLICATION

Alliance for Peace and Freedom (APF)

First Name

Surname

House Number, Street Name

City

Post Code

Country of residence

Date of Birth

Nationality

International dialing code

Phone Number

Mobile

Email

Web Address

Education

Present Occupation

Mandates

☐ YES

☐ NO

Name of Parliament

☐ Individual Member

☐ Supporting Member

☐ Party Member

☐ Associate Party Member

Please make with a cross and complete:

☐ I will pay an annual fee of , € (Minimum fees: Individual Members 120 Euro, Supporting Members 60 Euro, Party Members 240 Euro, Associate Party Members 240 Euro)

☐ I already have been a member of APF from untill

I agree to the agenda and statute of the APF, I accept to pay the annual fee, and I fully declare to represent the APF in my own country.

X

Place, Date

X

Signature of the Applicant

Membership application accepted	<input type="radio"/> YES <input type="radio"/> NO			ID:
Payment received	<input type="radio"/> YES <input type="radio"/> NO			
Date				Registered:
Name				
Signature				