

MEMBERSHIP APPLICATION FORM

NAME / SURNAME: _____

ADDRESS: _____

EMAIL: _____ I.D.CARD NO: _____

TEL. NO: _____ MOBILE: _____

PROFESSION/OCCUPATION: _____

APPLICANT'S SIGNATURE: _____ Date: _____

_____ Membership Fee: €15 covering 3 years _____

FOR OFFICE USE

YEAR	DATE OF PAYMENT	RECEIPT NO



Palazzo de La Salle

Date of Approval: _____



Established in 1852

MEMBERSHIP NO: