

## MEMBERSHIP APPLICATION FORM

NAME / SURNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_ I.D.CARD NO: \_\_\_\_\_

TEL. NO: \_\_\_\_\_ MOBILE: \_\_\_\_\_

PROFESSION/OCCUPATION: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Membership Fee: €10 covering 1 year / €25 covering 3 years \_\_\_\_\_

I agree to receive the MSA online Newsletter.

FOR OFFICE USE

YEAR	DATE OF PAYMENT	RECEIPT NO



Palazzo  
de La Salle

Date of Approval: \_\_\_\_\_



Established  
in 1852

MEMBERSHIP NO: