

### Membership application

I hereby apply to become a member of the Association for Civic Activism FORUM 16 – Bitola. I will follow its statutes and agree to pay the annual membership fee of 600 MKD (10 EUR). I will inform the Association immediately of any changes in my status (e.g. new address, etc.). I agree to the electronic storage and the circulation of my data within the organisation.

#### Member information

|                  |  |
|------------------|--|
| Full Name:       |  |
| Address:         |  |
| City:            |  |
| Zip/Postal Code: |  |
| Country:         |  |
| Telephone:       |  |
| Email:           |  |

|            |  |
|------------|--|
| Gender:    |  |
| Age:       |  |
| Ethnicity: |  |

#### Status

|                         |   |
|-------------------------|---|
| Student                 | Yes ( ) No ( ) If yes, write the name of the University and Faculty |
| Trainee/Intern          | Yes ( ) No ( ) If yes, write where                                  |
| Employed                | Yes ( ) No ( ) If yes, write the name of the company                |
| Other (please specify): |   |

#### Type of membership

|                       |                |
|-----------------------|----------------|
| Associate (nonvoting) | Yes ( ) No ( ) |
| Regular               | Yes ( ) No ( ) |

|                                 |  |
|---------------------------------|--|
| Membership for the year         |  |
| Motivation for becoming member: |  |

#### Additional information

|                                |   |
|--------------------------------|---|
| Member in another organization | Yes ( ) No ( ) If yes, write the name of the organization |
| Interested in volunteering     | Yes ( ) No ( )  |
| Other interests                | Write what other interests you have                       |

|                      |  |
|----------------------|--|
| Signature of member: |  |
| Date:                |  |

|                           |  |
|---------------------------|--|
| Application received by : |  |
| Signature:                |  |
| Date:                     |  |