



MEMBERSHIP FORM

Name: _____

Family name: _____

Date and place of birth: _____

Personal identification number: _____

Address (home): _____

Degree/profession: _____

Occupation: _____

Address (work): _____

Phone/mobile: _____

e-mail: _____

Web site: _____

Areas of interest: _____
(activities through which you wish to contribute to the work of CAFE) _____

I accept the Statute of CAFE in full confirming it with the signature below.

Attached documents:

1. Proof of payment of the membership fee

Signature:

Date:

For person authorized by the Association:

Member number:

Date of acceptance of membership:

Signature of the authorized person:

Stamp