



# Membership Application Form

To apply for Neci membership, please complete this form and send it as email at: *renosge@neci.eu* and then by *mail* at NECI Headquarters:

(Markou Drakou 7, 7510 Xylotymbou, Cyprus).

<b>Title</b>	Mr/Mrs		
<b>Name and Surname</b>			
<b>Date of Birth</b>			
<b>Current Job</b>			
<b>Position</b>			
<b>Department</b>			
<b>Mailing Address</b>		<b>City-Country</b>	
<b>Home Address</b>		<b>Fax</b>	
<b>Phone</b>		<b>Website</b>	
<b>E-mail</b>			
<b>Member of other NGOs, Associations</b>			
<b>Please mention at least two reasons why you wish to join NECI team</b>			
<b>Please mention the way you are willing to contribute with NECI team</b>			

**Name Surname** ..... (handwritten)

**Date** .....

**Signature** .....

**Place** .....

**As soon as we consider your Membership Application Form you will be notified how you will arrange the Annual Membership Dues (€ 30,00)**

## FOR OFFICIAL USE ONLY

Comments: .....

Date:..... Position: ..... Signature: .....