



CHARITY ASSOCIATION "MARGARITY"

REQUEST FOR MEMBERSHIP

Name and Surname: _____

Doc. N: _____

Adress: _____

Mobile phone: _____

E-Mail: _____

and notification according to art. 8, para. 3 of the Statute of the Association.

Dear members of the Board of the Margarity Charity Association, be accepted as a member of a non-profit organization " Charity Association Margarity".

I declare that I am familiar with the Charter of the Association and as a member of it I agree to comply with it. I support and I am committed to the objectives of the association and am willing to participate in the activities that the association carries out.

I agree to pay the due membership fee.

I declare that the information provided by me is true and correct and I undertake to notify the association of any changes.

Date: _____

Signature: _____

UIC: 205228807; Tel. + 359 88595 0417; email / PayPal: IMCharity.net@yahoo.com, WEB: IMCharity.net

The data provided will be stored and processed by the association in accordance with the provisions of the Law on Protection of Personal Data.