



Date: _____

Name and surname:

Address:

Postal code:

Telephone (home):

(Work):

Applicant's signature:

Donations:

SUBSCRIPTION

Active Member: _____ 50\$
Life member: _____ 250\$
Group member _____ 25\$
Family: _____ 45\$
Student: _____ 10\$

Donations: _____

Membership: _____

Renewal: _____

Payment enclosed: _____

These contributions
are tax deductible