

MEMBERSHIP DECLARATION FORM – REGULAR MEMBER

I would like to become a member of The European Bison Friends Society

Name: _____

First name: _____

Birth date: _____

Address:

Street: _____ Nr _____

Zip code: _____ City: _____

Tel.: _____ Fax: _____

E-mail: _____

Correspondence address (if different to above):

Street: _____ Nr _____

Zip code: _____ City: _____

I confirm I am aware of the goals and rules written in the Statute of the Society. I commit to actively join its work and pay regularly member’s fee.

I hereby agree to the use of the personal data contained in this application solely for the purposes of registration according to the Polish law of August 29, 1997 on the protection of personal data. (Dz. U. Nr 133 poz. 883).

_____, day_____ /signature/

ACQUAINT MEMBERS:

1. Full name_____

_____, day_____ /signature/

2. Full name_____

_____, day_____ /signature/

DECISION OF THE BOARD

According to § 9 of the Statute the Board decided to affiliate as a Regular Member / refuse affiliation*

_____, day_____ /signature/