

MEMBERSHIP DECLARATION FORM – SUPPORTING MEMBER

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

Institution: _____

Full name and position of representing person:

Address:
Street: _____ Nr _____
Zip code: _____ City: _____
Tel.: _____ Fax: _____
E-mail: _____

Address for correspondence (if different to above):
Street: _____ Nr _____
Zip code: _____ City: _____

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

I hereby consent 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).

I do declare member's fee equals to (minimal value is 10 times regular member's fee):

_____ zlotys

....., day.....
/signature/

DECISION OF THE BOARD

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

....., day.....
/signature/