

Membership Form

- Title: _____
- Name: _____
- Surname: _____
- Date of Birth: ____/____/____
- Place of birth: _____
- Address: _____

- Post code: _____
- City: _____
- Country: _____
- E-mail address: _____
- Comments (Optional): _____

Completed in _____, the ____/____/_____.

Signature:

This application is to be printed, completed and accompanied by a cheque for 20 euros to be made out to Middle East Pact. For every amount deposited which is higher than the annual contribution, the difference will be considered as a donation to the organisation, and will be acknowledged by way of a CERFA certificate.