MEMBERSHIP APPLICATION

I hereby provide my personal and other required information and request to be registered as a member of the "EPIONI Greek Network of Caregivers" Association. I declare that I have read and unreservedly accept the objectives and all provisions of the Bylaws. At the same time, I am submitting the amount of **20 euros** for the annual membership fee for the year _____.

My details are:

Last name

……

…..

Name

……..……

…….

Father's Name ……

Occupation ……

Home address: (City or village)

……

Street …….. **number** …… **ZIP**

……..……

Phone numbers: Home …….. Employment

……..……

Cell phone: …… **E-mail:**

……

How did you hear about EPIONI?:

- ☐ Website
- ☐ Social Media
- ☐ Another member
- ☐ Other Association, Group, Professional

_____ _____ _____

(Signature) (Place) (Date)