

Membership application in the Foundation Apoldu de Sus
Fundația pentru meșteșuguri tradiționale Grosspold

First name : _____

Surname : _____

Address :

Street : _____ Nr. _____

Postal code: _____ City _____

Country _____

Personal identification number : _____

Phone : _____

E-mail : _____

* I request for membership in Foundation Apoldu de Sus: "Fundația pentru meșteșuguri tradiționale Grosspold" for the following category:

- member of the board of directors (participation)
- supporting member(single or regular contribution defined by my own)
- active member (participation on projects)
- sympathized member

I agree the scope and objectives of the Foundation.

** I commit myself to:

- respect the statute, the internal regulamentations and the decissions of the board
- not involve the Foundation in personal conflicts
- inform the foundtion on every change of my personal data

*** I agree that my name well be published in the membership list in internet.

I agree to get mails with importatnt decisions.

City: _____ Date _____ Signature _____

* . You can select one or more categories of membership

** Not respecting may exclude you from the membership

*** Members of the board of directors are legally obligated to allow publishing