



INTERNATIONAL FRIEND'S ASSOCIATION OF THE TEMPLE OF EPIKOURIOS APOLLO AT BASSAE

NON-PROFIT CULTURAL ORGANIZATION

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ASSOCIATE MEMBERSHIP FORM

	DATE OF ENROLEMENT	BRANCH	REGISTRATION NUMBER
To be completed by Branch Officer			

PERSONAL DATA

SURNAME	NAME	FATHER'S NAME	GENDER
DATE OF BIRTH	PLACE OF BIRTH	NATIONALITY	PLACE OF RESIDENCE
STREET	NUMBER	POST CODE	EMAIL
TELEPHONE (home)	TELEPHONE (work)	TELEPHONE (mobile)	FAX
ID (kind, number, date and place of issue)			
EDUCATION		PROFESSION (in detail)	

I, hereby, declare that I agree with the Statutes of the International Friend's Association of the temple of Apollo Epikourios at Bassae, and I endorse its purposes. I, therefore, apply to register as an Associate Member and I declare that the above information is accurate. If any items change I shall inform the Officer of my Branch. My registration will be effective immediately after the deposit of my annual subscription fee to the Association's Bank Account, once I have been notified in writing on its acceptance.

THE APPLICANT

Date

Signature