

APPLICATION FORM FOR PICUM MEMBERSHIP

(please complete what is applicable)

The undersigned (name in full):

Name of organization:

Full address (with postal code):

Tel. no.

Fax no.

E-mail address

Website

<p><input type="checkbox"/> I am applying for ordinary membership of PICUM.</p> <p><input type="checkbox"/> I belong to an NGO that is already a registered PICUM member (give full name):</p> <p><input type="checkbox"/> I apply as a ordinary PICUM member, without being linked to an organization.</p> <ul style="list-style-type: none">- I will accept the obligations involved in PICUM membership according to its statutes and by-laws- I agree to pay the membership fee amounting to 10 Euros a year into the PICUM bank account.	<p><input type="checkbox"/> I am applying for affiliated membership of PICUM.</p> <p><input type="checkbox"/> Our organization will be represented by the following PICUM member (give full name):</p> <p><input type="checkbox"/> Our organization would like to be involved in the preparation of the PICUM long-range plan by delegating a person to the PICUM Planning Committee.</p> <ul style="list-style-type: none">- Our organization accepts the obligations involved in affiliated PICUM membership according to its statutes and by-laws.- Our organization agrees to pay the membership fee amounting to 25 Euros a year into the PICUM bank account.
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We shall be glad to receive this application form in the near future. Please note the PICUM bank account for payment of your membership fee (001-3666785-67, Fortis Bank, Schepdaal (B), IBAN: BE 93 001 3666785 67, SWIFT GEBABEBB, reference: membership fee).

Date:

Signature: