

**INFORMATION FOR ADMINISTRATIVE
PURPOSES/
INFORMAZZJONI GHAL SKOPIJIET
AMMINISTRATTIVI:**

SURNAME/
KUNJOM: _____

CHRISTIAN NAMES/
ISEM: _____

ADDRESS/
INDIRIZZ: _____

_____ TEL: _____

EMAIL _____

DATE OF BIRTH/
DATA TAT-TWELID: _____

NATIONALITY/
NAZZJONALITA: _____

STATUS/STAT
CIVILI: _____

OCCUPATION OR PROFESSION/
IMPJIEG JEW PROFESSJONI: _____

This questionnaire, when completed can be of great help to the Council. However there is no compulsion to fill in all particulars. In the case of organisations, the questionnaire should be completed by their representative.

Din il-formula hija ta' ghajnuna kbira lill-Kunsill, imam m'hemmx ghalfejn timtela kollha. Fil-kaz ta' Orgnizzazzjonijiet il-formola ghandha tigi mimlija mid-delegata taghhom.

**INDIVIDUAL MEMBERSHIP APPLICATION
FORM/
APPLIKAZZJONI GHAS-SHUBIJA**

REGISTRATION FEE/HLAS

€ _____

ANNUAL MEMBERSHIP/HLAS KULL SENA

€ _____

FEE ENCLOSED/HLAS MEHMUZ:

€ _____

ANY OTHER INFORMATION YOU MAY WISH
TO ADD SUCH AS SPECIAL INTERESTS:/
AKTAR INFORMAZZJONI LI TIXTIEQ IZZID
(BHAL INTEESSI SPECJALI ECC):

I, the undersigned, having read the objects of the National Council of Women, wish to apply for membership/ Jiena, li qrajt l-ghanijiet tal-Kunsill Nazzjonali tan-Nisa, nixtieq napplika ghas-shubija

Signature/Firma _____

Sponsor: _____

Date: _____

This form, duly signed, is to be sent with the Registration fee to the Hon. General Secretary, National Council of Women / Din il-formola ghandha tintbaghat mal-hlas lis-Segretarja Generali, il-Kunsill Nazzjonali tan-Nisa, Pope Pius X11 Flats Mountbatten Street Blata l-Bajda HMR1579

FOR OFFICE USE/GHALL-UZU TAL-
KUNSILL

Date of enrolment/data tar-registrazzjoni:
