

Membership Application Form for organizations/ Applikazzjoni ta' Għaqda għas-shubija.

(to be accompanied by a copy of the statue of the organization/ għandha tintbagħat kopja ta' l-istatut tal-ghaqda)

Full name of organization/Isem tal-ghaqda: _____

Nature of organization/L-ghan tal-ghaqda: _____

Date of foundation/Data meta twaqqfet l-ghaqda: _____

Address/Indirizz: _____

Tel: _____ Email: _____

Name of representative/Indirizz tad-delegata _____ : _____

Address of representative/Indirizz tad-delegata: _____
Tel: _____

Registration fee €Hlas għar-registrazzjoni: _____ Annual Membership €Hlas kull sena: _____

Fee enclosed €Hlas mehmuz € _____

We, the undersigned, have read the objects of the National Council of Women, wish to apply for membership/ Ahna qrajna l-ghanjet tal-Kunsill Nazzjonali tan-Nisa u nixtiequ napplikaw għas-shubija.

President: _____ Secretary/Segretarju: _____ Date/Data: _____

This form, duly signed, is to be sent with the Registration fee to the Hon. General Secretary, National Council of Women/ Din il-formola għandha tintbagħat lis-Segretarju Generali, il-Kunsill Nazzjonali tan-Nisa, Pope Pius X11 Flats Mountbatten Street, Blata l-Bajda HMR 1579