

| Membership Application |
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| Applicant Information (COMPULSORY) |
| Name: |
| Date of birth: | Phone: | Mobile: |
| Current address: |
| ID Card No: | Email: | Website: |
| Preferred status (please tick): | Active | Passive |
| SUPPLEMENTARY DETAILS (OPTIONAL) |
| Profession: |
| Interests: |
| Other affiliations: |
| mEMBERSHIP DETAILS (per annum) |
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| Adult: - € 10  |  |
| Senior Citizen / Student: - € 5 |  |
| Child: - Free |  |

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| I confirm that the above information is factual and up-to-date and enclose payment according to the my preference. (Kindly tick next to the above category that applies to your status)  |
| Signature of applicant: | Date: |
| OFFICE USE ONLY (DO NOT FILL) |
| Cheque No: | Cheque Date: | Payment cleared: |
| Registered in DB: | Membership No. | Status: |

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