

| 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) | | |
| |  |  | | --- | --- | | Adult: - € 10 |  | | Senior Citizen / Student: - € 5 |  | | Child: - Free |  | | | |
| 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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