



APPLICATION FORM

Education Support Association InterEdu

Name :

Surname :

Birth date :

Country :

City :

Profession :

Phone number :

E-mail :

place and time

signature

Access* :
number

Position* :

* filled by organisation

signature of the authorized person

I declare and confirm by my signature that I voluntarily become a member of the Association for the Support of Education InterEdu and accept the rights and obligations regulated by the Statute of the Association. The Membership Form is a document for determining membership in the association. The existing data from the Membership Form will be used by InterEdu exclusively for the needs of the Association in accordance with the General Regulation on the Protection of Personal Data and existing laws. I agree to pay the annual membership fee regularly.
