



## Membership Application Form for the **year 2016**

<b>Organization or professional address</b>	Name		
	Street		
	City		
	Postal code		
	Country		
<b>Personal details of the member or, if organization, person who will be the representative</b>	Name		
	Street		
	City		
	Postal code		
	Country		
	Phone		
	Email		
	Date of birth		
	Nationality		
<b>Membership type</b>	<b>Regular BELLUX Membership</b>	30 EUR	<input type="checkbox"/>
	<b>Corporate BELLUX Membership &lt; 20 employees</b>	200 EUR	<input type="checkbox"/>
	<b>And &gt; 20 employees</b>	400 EUR	<input type="checkbox"/>
<b>Conditions of the Membership</b>	The member fully accepts to abide the Amitiés Belarus – Luxembourg a.s.b.l. statutes . The member accepts to fully support and contribute to activities of the association.		
<b>Signature of the Individual or authorized Representative of the organization</b>	Signature Date		

Please email this form to [info.bellux@gmail.com](mailto:info.bellux@gmail.com) or give it in to T.Govorova or V. Ramanouskaya

Please note, your personal data will not be shared or disclosed for any type of commercial usage.

Amitiés Belarus – Luxembourg a.s.b.l.  
67, rue de Hollerich L-1741 Luxembourg  
IBAN LU03 1111 7037 2284 0000  
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