**MEMBERSHIP DECLARATION FORM – SUPPORTING MEMBER**

I would like to become a member of The European Bison Friends Society

**Institution:**

**Full name and position of representing person:**

**Address:**

Street: Nr

Zip code: **-** City:

Tel.: Fax:

E-mail:

**Correspondence address (if different to above):**

Street: Nr

Zip code: **-** City:

I confirm I am aware of the goals and rules written in the Statute of the Society. I commit to actively join its work and pay regularly member’s fee.

I hereby consent to the use of the personal data contained in this application solely for the purposes of registration according to the Polish law of August 29, 1997 on the protection of personal data (Dz. U. Nr 133 poz. 883).

I do declare member’s fee equals to (minimal value is 10 times regular member’s fee):

 zlotys

 , day

 /signature/

**DECISION OF THE BOARD**

According to §9 of the Statute of the Board decided to affiliate as a Supporting Member/refuse affiliation.

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 /signature/