**MEMBERSHIP DECLARATION FORM – REGULAR MEMBER**

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

**Name:**

**First name:**

**Birth date:**

**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 agree 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).

 , day

 /signature/

ACQUAINT MEMBERS:

1. Full name

 , day

 /signature/

1. Full name

 , day

 /signature/

**DECISION OF THE BOARD**

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

 , day

 /signature/