

**Cyprus Betting Companies and Friends Association
Membership Application Form**

Date:

Name:	
I.D / Registration No.:	
Date of birth/registration.:	
Nationality:	
Occupation.	
Address:	
Phone No:	Fax No.:
E-mail:	

Statement: I/We the above mentioned individual/legal person declare that I/we accept and endorse the Statute Document and its Founding Document of the “**Cyprus Betting Companies and Friends Association**”, that I/we agree with the Association goals and every internal regulation and with this application form accompanied with my/our resume/ statute document I/we ask from the Board of Directors to register me/us as a “Regular Member” of the Association.

(Sign) _____	(Sign) _____
Name:	Name:
Title:	Title:

(Signed by two members of the Board of Directors of Applicant)

For internal use only

We, as members, of the Board of Directors undersign this application in order to be examined by the General Meeting for final approval.

1. _____	2. _____
(Name and Signature)	(Name and Signature)

Approved Not approved

In the General Meeting dated

President:

Vice President:.....

Secretary:.....