

THETA MEMBERSHIP APPLICATION FORM

*Affix a
passport
photograph*

(Optional)

A. Individual applicants

1. Full name of Individual _____

(As it should appear on the membership card)

2. Sex _____

3. Age _____

4. Postal address _____

a) District _____ b) County _____

c) Village _____ d) Street/Road/Avenue _____

5. Telephone: _____ 6. Fax: _____

7. E-mail: _____

8. Present occupation _____

9. How did you get to know about THETA? _____

10. How do you think you can contribute to the continuity of the THETA programme activities?

_____ ; _____

Signed _____ Date: _____

B. Corporate member applicants

1. Name of organisation _____

(As it should appear on the membership certificate)

2. Name of contact person _____

3. Position _____

4. Postal Address _____

5. Physical Address

a) District _____ b) County _____

c) Village _____ d) Street/Road/Avenue _____

6. Telephone: _____

7. Fax: _____

8. E-mail/website: _____

9. Type/Nature of activity/business _____

10. How do you think you can contribute to the continuity of the THETA programme activities?

11. Signature of representative _____

12. Date: _____