

To:
«The Friends of the Museum of Ancient Eleutherna»
14, Chatzichristou str.
Athens 11742, Greece
Tel.: +30 2130358884

Place and Date

MEMBERSHIP APPLICATION FORM

Surname:

Name:

Father's Name:

Home Address		Work Address	
Street	No.	Company Name	
City	Postcode	Street	No.
Tel.		City	Postcode
Mobile		Tel.	
e-mail		e-mail	

Occupation _____

Studies _____

Special Interests _____

Having been informed of the purpose and work of the Museum of Ancient Eleutherna, I wish to apply as a regular member of the Association.

Signature

Supported by the following members of the Council Board:

1.NAME _____ SIGNATURE _____

2.NAME _____ SIGNATURE _____

Yearly membership fee : € 60 , € 120 , € 250 , € 500

Bank details: Alpha Bank «Οι Φίλοι του Μουσείου Αρχαίας Ελεούθερνας» IBAN: GR02 0140 1150 1150 0200 2034 094, BIC: CRBAGRAA.

Please quote your full name.