

REGISTRATION FORM – MEMBERSHIP AT AFAEMME

Name of the Organisation:

Address:

Phone:

Fax:

Web:

E-mail:

Name of the Organisation's President:

Organisation's President Passport Number:

Name of the Organisation's Secretary:

Declaration:

Mr. /Mrs. _____, as President of _____, in accordance with the resolution of its Board of Directors dated _____, hereby confirms our participation as member of the Association of Organisations of Mediterranean Businesswomen (AFAEMME).

Signature and Date: _____

Name: _____

Country: _____

