

Associate application form



for year 2010

Fill out the form, **SIGN IT** and send it to:
info@malakimakongo.net

or: ass. Malaki ma Kongo, Via Treccani 14 - 42122 Reggio Emilia - Italy

Name Last name

Birth: date place

Sex : M F e-mail:

Address (COMPLETE + COUNTRY)

.....□

..... Tel.

Optional info

Special interests: culture tourisme art autre:

.....

Spoken languages:

.....

Signature

I ask to be a member of the association. I certify that the information I gave is true.

SIGNATURE

Attach to this form a **copy of the payment of your subscription:**

- euro 15,00 (ordinary associates)
 - euro 50,00 (supporter associates)
 - euro 100,00 (honour associates)
- valid for the current year.

Payment can be done by:

- credit card (http://www.malakimakongo.net/english_malaki/introduction/what_you/what_you_can_do.htm)

- bank transfer:
Banca Popolare dell'Emilia Romagna:
IBAN: IT 10 D053 8712 8080 0000 1847592
BIC: BMP 0IT22 XXX

CAUSE:
subscription to Malaki ma Kongo