

## MEMBERSHIP APPLICATION

Non-Governmental Organization “Center for the Development of Civil Society” is happy to receive you in the membership. To provide us opportunities of getting complete database please fill in the following information.

**Name** \_\_\_\_\_

**Work place/Organization** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone/Fax** \_\_\_\_\_

**E-mail** \_\_\_\_\_

I would like to be a member of organization.

Profession and field of activities \_\_\_\_\_.

I am ready to participate and support the activities of organization in the following spheres.

I would like to be involved as benefactor-member. I attach the receipt of my investment to organization on the following amount \_\_\_\_\_.

“ \_\_\_\_\_ ” \_\_\_\_\_, \_\_\_\_\_

Signature \_\_\_\_\_

**CONTACT INFORMATION:**  
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***THE CDCS IS LOOKING FORWARD TO ESTABLISHING CONTACTS AND TO COLLABORATING WITH BOTH LOCAL AND INTERNATIONAL ORGANIZATIONS***