**Application for**

**Full Parliamentary Membership**

**Free of charge**

Please send by post to EUFORES, Rue d’Arlon 63-65, 1040 Brussels, Belgium

or e-mail to eufores@eufores.org

|  |  |
| --- | --- |
| First Name, NAME |  |
| Parliament & Country |  |
| Main Field of Activity |  |
| Name of Staff  |  |
| P.O. Box, Street |  |
| Postal Code, City |  |
| Country |  |
| Phone |  |
| Mobile phone |  |
| Email |  |
| Homepage |  |

Date, location

----------------------------------------------------------------------------

Signature