



ΣΥΝΔΕΣΜΟΣ ΓΟΝΕΩΝ ΚΑΙ ΦΙΛΩΝ  
ΠΑΙΔΙΩΝ ΜΕ ΕΙΔΙΚΕΣ ΑΝΑΓΚΕΣ ΛΕΜΕΣΟΥ

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## MEMBERSHIP REGISTRATION FORM

Registration Number: .....

Name: ..... Date of Birth: .....

Profession: .....

Home Address: .....

Zip /Area: .....

Phone Number ..... Work Phone: .....

Email Address: .....

Spouse's Name: ..... Date of Birth: .....

Spouse's Profession: ..... Phone Number: .....

Spouse's email: .....

Other Children.....

I would like to become a member of your Association and I declare that I will contribute to the achievement of the goals it seeks.

Date: ..... Signature: .....

### **ΑΠΟΦΑΣΗ ΔΙΟΙΚΗΤΙΚΟΥ ΣΥΜΒΟΥΛΙΟΥ (Board of Directors decision)**

Approved / Disapproved: .....

Notes: .....

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Approval Date: .....

Association Stamp