



ΣΥΝΔΕΣΜΟΣ ΓΟΝΕΩΝ ΚΑΙ ΦΙΛΩΝ
ΠΑΙΔΙΩΝ ΜΕ ΕΙΔΙΚΕΣ ΑΝΑΓΚΕΣ ΛΕΜΕΣΟΥ

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E-mail: specialneeds@cytanet.com.cy

Website: <http://www.special-needs.org.cy>

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:

Name of kid with special needs: Date of Birth:

Name of kid with special needs: Date of Birth:

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