

To:	Union of:
Address	

SUBJECT: REQUEST OF ADHESION TO THE ASSOCIATION

The subscribed:	
Born in:	
Birthday: MM/DD:	
Address:	
State:	
Zip Code:	
County:	
Phone Number:	
Cell Number:	
E-mail:	
Profession/Job Title:	

Is asking this Union Council to be admitted as a member to the World Confederation of the Past Pupils of the FMA and sharing its institutional objectives, the subscribed undertakes to respect the actual statutory laws and the deliberations of the associative bodies validly constituted. To this purpose, I declare to know and accept the Associative Statutes.

Please send all communications via:

Letter sent to my address

e- Mail to the above mentioned address

City/Town of:		Date:	
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Signature	
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