



MEMBERSHIP APPLICATION FORM

If completed hand-written, please use capital letters!

COUNTRY:

OFFICIAL NAME OF ORGANISATION:

ADDRESS:

TEL: (Country Code) (City Code) (Number)	E-MAIL:
	WEBSITE:

NAME OF PRESIDENT/CHAIRPERSON:
Term: 20... - 20...

NAME OF ECPYOUTH PERSON:

On behalf of the applying organisation, I declare that the organisation recognises the Guiding Principles and statutes of ECPYouth.

Signature President/Chairperson of the applying organisation:

STAMP

.....
Signature

.....
Place, Date

Send to: secretary@ecpyouth.eu