

## Application / renewal form

New member       Renewal      Membership N° (first 6 digits of DAN card) \_\_\_\_\_

\_\_\_\_\_  
Last name      Name

\_\_\_\_\_  
Address (this will be considered as the address of residence)      N°      Postal code

\_\_\_\_\_  
City      State/Region      Nationality

\_\_\_\_\_  
Place of birth      Date of birth      Phone/Fax

\_\_\_\_\_  
Mobile phone      E-mail      Partner Code

Membership	Price
<input type="checkbox"/> MO	€ 40,00
<input type="checkbox"/> Charity found	€
<input type="checkbox"/> I wish to remain anonymous	€
<b>TOTAL</b>	€

### METHOD OF PAYMENT:

**Bank transfer to:**  
BANK OF VALLETTA Naxxar Road - St. Gwann - Malta - Swift Code VALLMTMT  
DAN Europe Foundation, account number:16712434071 - IBAN MT29VALL22013000000016712434071

**Credit card type:**       VISA       Cartasi       Master Card       Eurocard       American Express

\_\_\_\_\_  
Card Number      Expiry date      CVV

\_\_\_\_\_  
Name of cardholder

\_\_\_\_\_  
Date      Signature

