

CO-WILLING ASSOCIATE MEMBERSHIP APPLICATION FORM

Information about Applicant:

Full names of applicant:

Residential address:

Postal address:

Email address:

Work, home and cellular telephone numbers:

Date of birth:

Occupation:

Fields of experience:

What are the specific interests in becoming an Associate Member of Co-Willing and how do you believe you could add value to Co-Willing objectives?

Confirmations:

I have read and accepted the Co-Willing constitution.

I accept to pay the associate membership fee, namely USD _____
and confirm that I take the full transfer fees on my account.

[NB: Associate membership of the Co-Willing cannot commence until this form has been completed in full by the applicant and accepted by the CEO of the Co-Willing after payment of the application fee of 50.-USD and the initial annual membership fee.]

Place, Date:

Signature

Please send the signed application form to info@cowilling.org