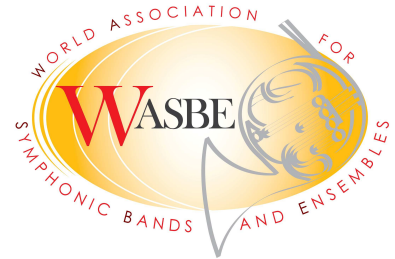




Fúvószenekarok és Együttesek
Magyarországi és Közép-Kelet-Európai Szövetsége
WASBE-Tagszervezet
Hungarian and Eastern Central European Association
of Bands and Ensembles
WASBE Affiliate

T/F: 00 36 62 210 875
info@wasbecasteurope.hu
www.wasbecasteurope.hu



APPLICATION FOR SUPPORTING MEMBERSHIP / SUPPORTING MEMBERSHIP CONFIRMATION STATEMENT

For Private Individuals

Name:

Place and date of birth:

Address:

Mailing address:

E-mail:

Telephone number:

The minimum amount of annual membership contribution is 80,- EUR.

I hereby declare that I wish to be a supporting member of the Hungarian and East Central European Association of Bands and Ensembles – WASBE Affiliate.

I agree with the basic objectives of the Association. I understand that a supporting member may attend the General Assembly meeting in an advisory capacity and require the services of the Association, but shall not have the right to vote or hold office.

Date:

.....
Signature

Clause:

The Board – based on Decision no..... – approved / did not approve the application for supporting membership of the abovementioned applicant.¹

Date:

.....
President

¹ Underline as appropriate.