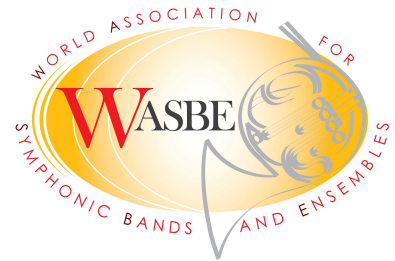




Fúvószenekarok és Együttesek
Magyarországi és Közép-Kelet-Európai Szövetsége
WASBE-Tagszervezet
Hungarian and Eastern Central European Association
of Bands and Ensembles
WASBE Affiliate

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



**APPLICATION FOR SUPPORTING MEMBERSHIP / SUPPORTING MEMBERSHIP
CONFIRMATION STATEMENT
For Organisations**

Name of the organisation:

Seat of the organisation:

Name of Registration Court (authority responsible for registering the organisation):.....
.....

Date of registration, resolution number:.....

Are you a non-profit organization (public benefit company)? Yes / No¹

Name of Representative:

Telephone number reserved only for the representative:.....

Email address reserved only for the representative:

Skype address reserved only for the representative:

The minimum amount of annual membership contribution is: 100.- EUR.

As a representative of the organisation specified above 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 és require the services of the Association, but shall not have the right to vote or hold office.

Date:.....

.....

Signature of the representative

Clause:

The Board – based on Decision – approved / did not approve the application for membership of the abovementioned applicant.²

Date:

.....

President

¹ Underline as appropriate.

² Underline as appropriate.