



C Y P R U S S T R O K E A S S O C I A T I O N

MEMBERSHIP FORM

All prospective members of the **CYPRUS STROKE ASSOCIATION (CSA)** are required to complete this registration form.

PLEASE TICK AS APPROPRIATE: **NEW MEMBERSHIP** **RENEWAL**

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms			
FULL NAME							
ADDRESS 1					MOBILE PHONE		
ADDRESS 2					WORK TELEPHONE		
ADDRESS 3					HOME TELEPHONE		
TOWN/CITY					EMAIL		
POSTAL CODE					FAX		
COUNTRY							

SECTION 2: MEMBERSHIP PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check
FULL	Full Membership	20 Euros	
PAYMENT METHOD	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Online Payment		

SECTION 3: MEMBER INFORMATION

OCCUPATION /JOB TITLE:
Member CSA: <input type="checkbox"/> Yes <input type="checkbox"/> No Would you like to receive CSA membership information? : <input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate if you would be willing to serve as a volunteer : <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time
Is there a specific committee you would like to serve on? _____
Permission to use photographic images: Photographs of CSA members may be used in various CSA communications incl. the newsletter and website. Group photographs taken at CSA events may be used without identifying individual members. For individual photographs, please indicate your permission for use: _____ CSA has my permission to use and identify photographs of me. _____ CSA does not have permission to use and identify photographs of me. _____ CSA must contact me before using any identified photographs of me in CSA communications.

DATE: _____ **SIGNATURE:** _____

PLEASE SEND THIS MEMBERSHIP APPLICATION TO

SECTION 4: FOR OFFICIAL USE ONLY

ACCEPTED	<input type="checkbox"/> YES <input type="checkbox"/> NO
OFFICER'S NAME	
SIGNATURE	
DATE	