



## OPACOD MEMBERSHIP REGISTRATION FORM

Title ( Dr, Mag, e.t.c.):.....

Name:.....

Surname:.....

Gender:.....

Date of Birth:.....

Address (residence):.....

City:..... Code:.....

Country:.....

Country of origin:.....

Profession:.....

What are your motivation to become a member of Opacod?.....

.....  
.....  
.....

I hereby declare that I have read the constitution of Opacod and understood its content and as a member, I vow to uphold the constitution and the by-laws and regulatives that shall be passed by the appropriate organ of Opacod.

Date.....

Signature.....

NB. For confirmation of membership, the membership due of **35 € as a worker** and **25 € as student** must have to be paid after filling this form. See below for bank details.\*\*

**For official use only**

The application has been approved

The application has NOT been approved

Reasons for refusal.....

Signature of official..... Stamp & Date.....