



EUROPEAN **YOUTH** PARLIAMENT
ΚΥΠΡΟΣ CYPRUS

EYP CYPRUS MEMBERSHIP FORM

Full Name:

Date of Birth:

ID Number:

E-mail Address:

Telephone Number:

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Occupation:

Educational Institution:

First EYP Cyprus Session:

I hereby confirm that I wish to become a member of EYP Cyprus for the year 2018 and that I agree with the terms and conditions of membership as stated in the EYP Cyprus Constitution.

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Signature

If you are under 18 we require a signature from your parent/guardian.

Parent/Guardian name:

Contact number:

Parent/Guardian signature: