

Please complete the following form and send it to PO Box 42253 | 6532 Larnaca | Cyprus, with the Membership fee of €15.

## EYP CYPRUS MEMBERSHIP FORM 2018

**Full Name:** .....

**Date of Birth:** .....

**ID Number:** .....

**E-mail Address:** .....

**Telephone Number:** .....

**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. I also agree to the use of the provided data by EYP Cyprus for promotional purposes (Weekly Newsletters).*

.....  
**Signature**

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

Parent/Guardian name: .....

Contact number: .....

Parent/Guardian signature: .....