

Membership Form for Volunteers

GIVEN NAME	
FAMILY NAME	
ADDRESS	
TELEPHONE	
GSM	
FAX	
E-MAIL	
DATE AND PLACE OF BIRTH	
ACHIEVED LEVEL OF EDUCATION (W/O SCHOOL, ELEM., HIGH, TECH. SCHOOL, UNIVERSITY)	
PROFESSION AND OCCUPATION	
WORKING STATUS (EMPLOYED - IF YES, WHERE?, UNEMPLOYED, RETIRED)	
MATRIMONIAL STATUS	
I HAVE CHILDREN	

HOW I CAN CONTRIBUTE TO HUPT'S WORK:

EXPERT ADVICES AND HELP, DIRECT HELP TO MEMBERS, OFFICE WORK, HELPING ON ORGANISING HUPT'S ACTIVITIES,
 TRANSLATION, MATERIAL HELP (PLEASE UNDERLINE WHEN APPLICABLE)

HOW MUCH TIME YOU MAY SPEND TO HELP?

FEW HOURS DAILY, A DAY IN A WEEK, FEW HOURS WEEKLY, ACCORDING TO NEEDS, ACCORDING TO
 AGREEMENT (PLEASE UNDERLINE WHEN APPLICABLE)

IN _____ DATE _____ SIGNATURE _____

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