

**HERODOT THIRD AGE ACADEMY ASSOCIATION
CHAIRMAN OF THE BOARD OF DIRECTORS
BODRUM**

I have read the statute of your association; I hereby acknowledge and undertake to abide by the founding philosophy and objectives of the association, to comply with the principles and rules indicated in the statute, to fulfill my obligations of membership on time and in full, to support the activities that are carried out to actualize the objectives of the association, and that the information I have declared is accurate, that I accept my telephone number and email address to be shared with the other members of the association, that I shall inform the board of any change in my address or the other information I have given latest within one month, and that; otherwise, the notices sent to my previously stated home and email address shall be considered as in fact having been sent to me.
I hereby submit my application to become a full member of the association.

...../...../20...

MEMBERSHIP NO :

Name and Surname	Father's Name
Nationality	Mother's Name
TC ID No.	Place of Birth
Blood Type	Date of Birth
Marital Status	Gender

PROFESSION, EDUCATION AND OTHER INFORMATION

Profession	Area of expertise
Do you have a car?	Languages
How were you informed of H3A? Any friends who are members of H3A?	

ADRESS AND COMMUNICATION INFORMATION

Home Address	
Work Address	
E-mail address	
Cell Number	Work Tel. No.
Home Tel. No.	Fax Number

MEMBERSHIP PROCEDURES

I propose the acceptance and registration of the application owner to our association. / / 20 Secretary General
Decision: The application for membership to the association has been accepted / has not been accepted in accordance with decision no..... taken at the the Board of Directors meeting dated / / 20.... Chairman of the Board of Directors
Justification (In case the application is not accepted)