**To the board of the   
 Eastern European Association**

**for Civic Education**

**Application for Membership of the**

**Eastern European Association**

**for Civic Education**

| I, |  | , |
| --- | --- | --- |
|  | Full name |  |

solicit a request to you to accept me as a member of the Eastern European Association for Civic Education.

I undertake the responsibility to comply with the requirements of the statute and other documents of the Eastern European Association for Civic Education.

I am providing the following information about myself, the accuracy of which I confirm at the time of filling in the application; I take the responsibility to provide information about all changes within 10 days from the date of their occurrence:

| **Part 1. General Information** |
| --- |
| Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place of work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Academic degree, title (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact information:  tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Part 2. Cover Letter** |
| *Please, indicate:*   * *the reason for becoming a member of the Eastern European Association for Civic Education;* * *how do you relate to civic education;* * *how are you going to contribute to the activities of the Eastern European Association for Civic Education.* |

I am familiar with the statute of the Association. In case of a positive decision on admission to membership of the Association I am ready to accept all the duties of a member of the Association.

I agree on processing my personal data.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ Name, Surname /

(signature)

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