

THE ANGLO TURKISH ASSOCIATION OF NORTHERN CYPRUS

MEMBERSHIP APPLICATION FORM

PLEASE PRINT

Name & Surname (Mr/Mrs/Miss) _____

Occupation _____

Postal Address (P.O. Box / Town) _____

Home Address _____

Home Tel _____

Mobile Tel _____

Email _____

Interests _____

Signature _____ Date _____

Subscriptions: Please pass to any Committee Member of the Association or post to P.O. Box 627, Girne.