

ONG Uirtus

Education - Research - Development

Membership Form



ID: _____ Reserved for administration

Member:

Name/Surname: _____

Company: _____

Quality: _____

Sector: _____

Service : _____

Products: _____

Contact details:

Address: _____ City/Country: _____

E-mail : _____ web : _____ Social Media: _____

Phone : _____ Whatsapp : _____ Fax : _____

Membership:

I hereby declare my wish to become a member of the NGO Uirtus for the calendar year. As such, I acknowledge having read the association's statutes and internal regulations and I am paying the annual membership fee, which amounts to:

- 50.000 FCFA for individuals practicing liberal professions.
- 300.000 FCFA for member organizations (legal entities).
- 500.000 FCFA at least for benefactor members.

Fees/Payment: _____ Check Cash Bank transfer

Bank Details:

Bank: _____

RIB: _____

Remarks:

Done at: _____ , on the _____

Signature / stamp