



International Women's Club of Bratislava Membership Application Form

PLEASE COMPLETE IN ENGLISH & CAPITAL (BLOCK) LETTERS

First Name: _____

Surname: _____

Nationality: _____ Date of birth: _____

Email Address: _____ Phone: _____

Address: _____

Postal code: _____ City: _____

Name on mailbox (if different): _____

PASSPORT
PHOTO

Please submit
separately or
scanned at 300
dpi or in digital
format

INFORMATION FOR INCLUSION IN THE IWCB MEMBERSHIP DIRECTORY

Which of this information would you like to share with other IWCB members via publication in the Membership directory:

Please tick all that apply:

Name Nationality Phone Email Photo

OR if you wish to be unlisted (removed from the membership directory)

Personal Information (for internal purpose only):

If you have children - how many? _____ Year(s) of birth? _____

What is your profession? _____

Are you working at present? _____ Where? _____

Languages Spoken (other than English): _____

Would you be interested in creating/organizing IWCB activities? (sports, culture, arts, music, trips...) YES NO MAYBE

Would you be interested in joining the IWCB Board? YES NO MAYBE

Are you interested in finding out more about the IWCB Fundraising/Charity work? YES NO MAYBE

If you'd like to join IWCB Members Only Facebook Group, please enter your Facebook Name:

What do you expect from IWCB?

What Skills/Experiences would you like to share within IWCB?

MEMBERSHIP YEAR: _____

* MEMBERSHIP FEES:			
FULL YEAR:		HALF YEAR (Jan - Jun / Jul - Dec):	
Regular member:	€ 70	<input type="checkbox"/>	Regular member: € 40 <input type="checkbox"/>
Senior (over 60 years of age):	€ 50	<input type="checkbox"/>	Senior (over 60 years of age): € 30 <input type="checkbox"/>
Administration costs*:	€ 5	<input type="checkbox"/>	Total: €
<small>* Administrative costs apply in case of First time registration, Interrupted membership, or Late renewal (after Dec 31)</small>			
* Membership fees are non-refundable in case of non-attendance, leaving the country etc.			

PHOTOGRAPH RELEASE: I hereby allow for the release of my photo and family members photos taken during IWCB events and activities to be used within the membership of the IWCB and in promotion of the IWCB, via IWCB website and /or other media sources, (such as but not limited to Newspapers, magazines, etc...). **YES** **NO** *

(*It will be your responsibility to make sure pictures of you and/or your family members are not taken during the various events and activities you take part in).

By becoming a member I agree with the internal digital publication in the **membership directory**. **YES** **NO**

Data Protection (according to the Slovak "Data Protection Act No. 363/2005 Z.z.)

The IWCB is obliged to collect personal data for its internal purpose only; providing the data is on voluntary basis. The data will not be under any circumstances passed on to any other third party without your consent.

I agree and I understand the rules set forth and will comply with the complete policies and procedures of the IWCB and will not use my IWCB membership for personal profit and/or commercial purposes. I understand if I violate these rules I will be subject to legal consequences from IWCB and current/future membership will be revoked.

Place & Date

Applicant's signature

For IWCB office use only	
PAYMENT:	REGISTRATION DATE: _____
Date	
Cash <input type="checkbox"/>	MEMBERSHIP NUMBER: _____
Bank <input type="checkbox"/>	