Membership Application Form _____ (Year)

I would like to forward my application to renew my membership/become a member of the Malta Association of Environmental Health Officers. I hereby declare that I will abide by the conditions as laid down in the statute. I understand that this membership is renewable annually and will continue unless a resignation is tendered or the renewal is not updated.

Name: _____

Surname: _____

Address: _____

Locality: _____ Post Code: _____

I.D. Number: _____ Date of Birth: _____

Telephone Number: _____ (Office) _____ (Home)

_____(Mobile) Email: _____

Date: _____ Signature: _____

Please check the type of membership you require (as laid down by the statute)

☐ **Full Membership (€20.00) (LM 8.60)** ☐ **Associate Membership (€13.98) (Lm 6.00)**

Received the sum of € _____ from _____ID No. _____
for the renewal of the membership/application for new membership of MAEHO for the year_____

_____
Treasurer

Data Protection Statement: All data collected is processed by MAEHO in accordance with the Data Protection Act 2002. Data is required by MAEHO for the purpose of administration in the interest of the members of the same Association.

Malta Association of Environmental Health Officers Gzira Road, Gzira.
Email: secretary@maeho.net