LIMASSOL SPORTING CLUB

**MEMBERSHIP APPLICATION**

Name & Surname ………………………………………………………………………………………………….

Date of Birth ………………………………….. I.D or Passport Nr…………….………………………….

Residential Address

Street : ……….………..…………………………………………………………..………..Number : …………

P.S. ………………………… Town ……………………………………..

Correspondence Address (if different)

Street : ……….………..…………………………………………………………..………..Number : …………

P.S. ………………………… Town ……………………………………..

**or**

P.O.Box……………………………. P.S. ………………… Town ……………………….

Telephones:

Work ………………………….. Residence ………….……..…………. Mobile …………………………

E-mail address : ………………………………………………………………………..

I have been informed that in case of acceptance as athletic/regular member I will abide by the constitution and the internal rules of the Club. I also consent to the use of my personal data by the Club strictly for correspondence and communication purposes

Registration Fees Regular member € 170. Registration Fees Athletic member € 40. Annual membership Fees € 400.

Limassol, Date ………………………………………..

Signature Supporting members

…………………………………….. 1. …………………………………………………

 2. …………………………………………………

The application has been approved/not approved by the Board on …………………