



ΟΜΙΛΟΣ ΦΙΛΩΝ ΑΥΤΟΚΙΝΗΤΟΥ

OFA AUTO CLUB

Αρ. Έγκρισης Σωματείου: 2018
Αρ. Μητρώου Κ.Ο.Αθλητισμού.: 488
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MEMBERSHIP APPLICATION

1	Surname	<input type="text"/>		
2	Name	<input type="text"/>		
3	Father's Name	<input type="text"/>		
4	Address	<input type="text"/>		
		<input type="text"/>		
5	Postal Code.	<input type="text"/>	Email	<input type="text"/>
6	House Tel	<input type="text"/>	Mobile	<input type="text"/>
7	alias	<input type="text"/>	Date of Birth	<input type="text"/>
8	Profession	<input type="text"/>	Identification No.	<input type="text"/>
9	Driver	<input type="text"/>	Co-driver	<input type="text"/>
			member	<input type="text"/>
10	No. Competitive Driver's license	<input type="text"/>	No. Competitive Co-Driver's license	<input type="text"/>

11 I declare that I accept the statutes and please accept my application as regular / Assistant member.

12 Date Signature _____

13 Recommended A.

Signature _____

B.

Signature _____

FOR OFFICIAL USE

Receipt number

Record no.

Approved

Rejected

Date

Notes

Signature Residence

Signature Secretary