African People's Convention e.V. Membership Application Form

Passport photo

PLEASE submit completed application form together with your Curriculum Vitae (CV) to the address: APC e.V., Postfach 100124, 34001 Kassel

Please, read the aims and objectives of this organisation before filling this form. This form is specifically for persons above the age of 18.

Personal data

Title: Surname:	First Name:			
Current address				
Name and contact address of next of kin:				
Telephone number (daytime):	(evenings)			
Email address:				
Date of birth:				
Nationality by birth:				
Current Nationality:	Marital status:			
Where did you get to know this organisation:	Friends, Internet, advertiseme	ent, news others:		
Educational	qualification if applicable (th	is is optional)		
Educational 1.Schools/College: Type of School	qualification if applicable (th From	<i>is is optional)</i> To		
1.Schools/College:				
1.Schools/College:				
1.Schools/College:				
1.Schools/College: Type of School	From			
1.Schools/College:				
1.Schools/College: Type of School	From	To		
1.Schools/College: Type of School	From	To		
1.Schools/College: Type of School	From	To		

3. Please submit the application form v	with a non refundable memb	ership registration fee: €50.00	
4. Bank account number:	Bank code:	Bank name:	
Name of account holder:			
Please explain why you are interested	d in this organisation		
		formation I have provided in this application the and will be destroyed when this is no long	
Applicant			
Sign:	Date:		
Deciding committee's comments			
Sign:	Date:		
Approving Officer			