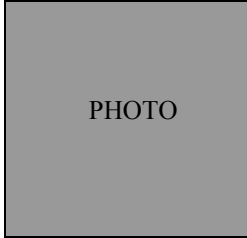




NAUTICAL CLUB of TZITZIFIES KALLITHEA

Founded in 1958 - Offices-Premises: Delta Falirou - Kallithea - Zip Code: 176-74
Tel: 210-4810390/91 • Fax: 210-4131549 • Web: www.notk.gr • Email: info@notk.gr



MEMBER REGISTRATION APPLICATION

LAST NAME:
FIRST NAME:
FATHER'S NAME:
MOTHER'S NAME:
SPOUSE'S NAME:
ID CARD NUMBER:
YEAR OF BIRTH:
NATIONALITY:
PROFESSION:
WORK ADDRESS: Street: No:
CITY: Zip: Tel:
HOME ADDRESS: Street: No:
CITY: Zip: Tel:

To the Board of Directors

Gentlemen & Ladies,
I request your approval of this member registration application to join **N.O.T.K.**
I DECLARE that I recognize and accept the Statute (Articles of Association), as well as the operating regulations of **N.O.T.K.**
I will adhere to the decisions of Administrative Council and will make every possible effort to materialize the objectives of **N.O.T.K.**
I also declare that the impediments that are stated in Law 2725 / 1999 of the Athletic Legislation and article 10 of the Statute of **N.O.T.K.** do not concern my person.

THE APPLICANT
(signature)

.....

NOMINATING MEMBERS

We, the undersigned, declare that we know the applicant and having taken the Articles of the Statute of N.O.T.K. and the Athletic Legislation (N 2725/99) into consideration, unconditionally put forward his registration as a Member of N.O.T.K.

FULL NAME

SIGNATURE

1. _____

2. _____

N. O. T. K. - BOARD OF DIRECTORS

The above application was examined at the meeting of Administrative Council of _____ and his/her registration as a Member of N.O.T.K., IS APPROVED

The Chairman

The General Secretary
