

## MEMBERSHIP APPLICATION

Membership:  Professional (€45.00)

Others (€35.00)

Student (€20.00)

### Member's Details:

Name: Ms/Mr/Mrs/Dr..... الكنية Surname:.....

ID No:..... الجنسية Nationality:  Maltese  Syrian other.....

Date of Birth: ...../...../..... الحالة الاجتماعية Marital Status:  Married  Single

Address: ..... Postal Code( )

Mobile:..... Email:.....

### Spouse and Children:

Spouse Nationality  Syrian  Maltese  European  Other

Spouse Name:..... Spouse Surname:.....

Number of children: .....

Are you facing any troubles in Malta? Please provide us with the details: الرجاء كتابة مشكلتك باختصار و سوف نتصل بك فور دراستها

### Declaration

I declare that all information provided by me is true. I agree to abide by the rules and regulations and to uphold the code of ethics of the community. أصرح بأن المعلومات المعطاة صحيحة، أوافق على قوانين وأخلاقيات الجالية السورية المنصوص عليها

Signature of Applicant & Date

### To be filled by committee of SMC

هذا الحقل مخصص لأعضاء اللجنة التنفيذية

We.....and.....members of the committee nominate the applicant for membership to the community.

Signature of Committee Member & Date No: Signature of Committee Member & Date

Attached to this application:

A Photocopy of Identity Card صورة الهوية الشخصية.

A Valid Conduct. وثيقة لاحكم عليه سارية المفعول

For Official Use هذا الحقل مخصص لأعضاء اللجنة التنفيذية

Approved date:...../...../..... Mode of Payment:  Cash Cheque No: .....