

Do not write here

Reception date:

Note

# EPBF Affiliation



If you are the EPBF Member,  
please specify your affiliation number

## I UNDERSIGN (Please write with capital letters):

Name of Federation (Association):

Actual President of the Federation (Association):

Address of the Federation (Association):

Street:

City, Region:

ZIP:

Country:

Reg.number:

Reg. date:

year

month

day

Web-page:

### Required documents:

- Completed Affiliation form signed by the authorized person;
- Confirmation of the Authorisation;
- Affiliation fee payment confirmation;

### Is this your first application?

- Yes
- No

### Please specify the changes happened in your Federation (Association) for the last 12 month, if such were:

- List of members changes
- Changes in the official documents
- Changes in documents, regulating internal activity of the Federation (Association)

I confirm that authorized by other members of my Federation (Association) with a right to make decision on behalf of the Board.  
I have read, and agree to abide by the EPBF Statute and bylaws.

Conformement a la loi informatique et libert  du 06/10/78, repondre vous donne droit d'acc s et de modification de l'information vous concernant.  
N  d'enregistrement cnil : 879426

Information, declared in this form, will be added to the registration database and will be available for use by other organisations. If you have any objections about this, please justify it in written.

Name:

Surname:

Address:

Tel:

Fax:

Email:

Seal of the Federation (Association)  
(Required)

Date of signing:

Place of signing:

Signature of the authorized person:

(Required)

\* We recommend You to make a copy of completed form for internal use.