



Membership Application Form

All the information will be kept confidential.

E-mail: unitedmoldovans@yahoo.com

Post: 410A Hanworth Road, London TW3 3SN

www.diasporamoldovei.org

1. Personal Information:	
Last Name (Familia) :	
First and Middle Names (Nume):	
Nationality:	Preferred Language:
Date of Birth: Day Month Year	Age:
Where do you live at the moment? (circle one)	Period in this country:
UK IRLEAND R ep .EU USA ROMANIA MOLDOVA Rep. _____ other	
2. Contact information:	
Country and Postal Code :	
District :	
City :	
Street Address :	
Telephone:	
Mobile:	
Fax:	
Email Address:	

3. Education/ Employment: (please write)	
Name of Institution :	Name of Company:
Specialization:	Profession:
Year of: Entry: Graduation:	Other Occupation:

4. Declaration/ Signature:	
How will you contribution in the Community? : Voluntary Work <input type="checkbox"/> Donations <input type="checkbox"/> Other (please write) _____	
What do you want/expect from UMCA/ACUM ? Please write _____	
I confirm I want to become a full-member of UMCA/ACUM*.	Signature:
	Date:
Office Only: Received: _____	Confirmed: _____ Access Entered: _____

By this application you accept all the conditions governing the Association and officially become a full member of UMCA/ACUM will all the rights and responsibilities given by its Constitution and other documents. Any enquiries can be addressed at – unitedmoldovans@yahoo.com
PLEASE enclose/send/attach - 10 (€ ,£ , or \$) 'one off' fee donation, for life membership.

