



**MISSION FUND  
EUREKA COURT  
BLOCK A FLAT 6  
MAIN STREET  
MOSTA MST 1018**

**Tel/Fax:** 2141 3664

**e-mail:** missionfund@global.net.mt

**Website:** http://www.missionfund.org.mt

**MEMBERSHIP APPLICATION FORM**

(Please write in block letters)

I would like to enroll as a member of the Mission Fund.

NAME AND SURNAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POST CODE \_\_\_\_\_

TELEPHONE NO \_\_\_\_\_ MOBILE NO \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**If you like to offer your help in the areas indicated below, please mark as applicable:**

Bazaars	<input type="checkbox"/>	Progett Tama	<input type="checkbox"/>
Tea Tombola	<input type="checkbox"/>	TV Marathon	<input type="checkbox"/>
Newsletter/Magazine	<input type="checkbox"/>	Used stamps	<input type="checkbox"/>
Administrative help	<input type="checkbox"/>	Manual work	<input type="checkbox"/>
Website	<input type="checkbox"/>	Public Relations	<input type="checkbox"/>

I enclose payment of € \_\_\_\_\_ for the membership fee (€ 3.00 per member annually). Cheques should be made payable to Mission Fund.

I, the undersigned, hereby declare that I shall abide by the present statute of the Mission Fund and any subsequent amendments, and uphold the spirit of the Mission Fund

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**FOR COMMITTEE USE**

**Approved/Not approved** during committee meeting held on \_\_\_\_\_

\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary