

DECLARATION

MEMBERSHIP FORM

I,
(full name of applicant)

of
(address)

.....
(email)

.....
(occupation)

.....
(phone)

desire to become a member of Goya Foundation Incorporated.

In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

SIGNATURE x

DATE [D:D] / [M:M] / [Y:Y]

I, a
(full name)

member of the Association, nominate the applicant, who is personally known for me, for membership of the Association.

SIGNATURE OF PROPOSER x

DATE [D:D] / [M:M] / [Y:Y]

I, a
(full name)

member of the Association, second the nomination of the applicant, who is personally known for me, for membership of the Association.

SIGNATURE OF SECONDER x

DATE [D:D] / [M:M] / [Y:Y]