



Malta Association of Small Shareholders. MASS VO 0629

info@mass.org.mt

MEMBERSHIP APPLICATION FORM

(Please write in block letters)

I would like to enroll as a member of the **Malta Association of Small Shareholders**.

NAME AND SURNAME _____

ADDRESS _____

_____ POSTCODE _____

TELEPHONE NO _____ MOBILE _____

E-MAIL ADDRESS _____

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

Administrative help

Newsletter

Website

I enclose payment of € 5 for one year membership fee.

Cheques should be made payable to the **Malta Association of Small Shareholders**.

I, the undersigned, hereby declare that I shall abide by the present statute of MASS, any subsequent amendments, and uphold the spirit of the Foundation.

SIGNATURE _____ DATE _____

FOR COMMITTEE USE

Approved/Not approved during committee meeting held on _____

President

Secretary

ALL INFORMATION PROVIDED ABOVE IS PROTECTED BY THE DATA PROTECTION ACT