



CYPRUS ASSOCIATION OF AUTOMOTIVE ENGINEER ASSESSORS

Athalassa's Avenue 70Z Strovolos, 2023 Nicosia

Email -info@autoassessorscyprus.com

Τηλ, 22 255559



MEMBERSHIP APPLICATION

Name – Surname :

Age: Date of Birth.....

Place.....I D No.....

Residence Address

.....tele.....

Work Address.....

.....tele

Present profession

.....

Recommended by

Name Surname.....

Address.....

.....tele.....

Profession.....

Period by which you know the applicant.....

Signaturedate.....

Which schools you have studied:

School	From	Until	Department

Higher Education

Refer to colleges, universities or other educational institutes that you attended or other academic qualifications you have with dates. (attach copies of all certificates).

Educational institution	Town/country	Period of study	Title

Applicant's particulars of professional career up to date

Profession	Period	Responsibilities & duties	Employers

Other information.....

.....

.....

I declare that all information given is true and if accepted as a member of the association I will comply with the present rules of the Association's Code of Contact or as they may change in the future.

I enclose the requested paying slip of application fees €50,00

Date
.....
(applicants signature)

To be completed by the Association

Date received of the application

Examined at

Approved / dismissed grade.....

fees