



All prospective members of ARCHumanKind are required to complete this registration form and return in MS Word format by email to [pcasaca@gmail.com](mailto:pcasaca@gmail.com) OR by post to **Avenue des Arts 19 - 1210 Bruxelles Belgique**. Please indicate your payment method.

### SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FULL NAME							
ADDRESS 1					MAIN TELEPHONE		
ADDRESS 2					WORK TELEPHONE		
ADDRESS 3					HOME TELEPHONE		
TOWN/CITY					MOBILE PHONE		
POST CODE					PRIMARY EMAIL		
COUNTRY					SECONDARY EMAIL		

### SECTION 2: PAYMENT DETAILS

ARCHumanKind is a non-profit organization and depends upon your support. We ask for 100 euro annual membership fee. Please see paying method bellow:

PAYMENT METHOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ONLINE	POSTAL OR MONEY ORDER	CHEQUE	OTHER

### SECTION 3: MEMBER INFORMATION

GENDER:	<input type="checkbox"/>	<input type="checkbox"/>
	MALE	FEMALE
CCUPATION /JOB TITLE:	QUALIFICATIONS:	
NATIONALITY:	COUNTRY OF RESIDENCE:	

**Declaration:** I hereby commit to abide by the rules and regulations of ARCHumanKind as set out in its constitution. I have paid my joining and membership fees totalling 100 Euro/Please see enclosed a cheque or postal/money order (payable to ARCHumanKind).

<b>SIGNED</b> (or write name here)		<b>DATE</b>	
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The information provided above will also be used to keep you informed about ARCHumanKind events in future.

### FOR ARCHUMANKIND USE ONLY:

DATE RECEIVED	DECISION TAKEN	PAYMENT CONFIRMED	RECEIPT ISSUED	ENTERED INTO DB

### MODALITIES OF PAYMENT FOR ARCHUMANKIND MEMBERSHIP

- ❖ Bank account **ING IBAN BE77 3630816548.42, BIC BBRUBEBB**
- ❖ Cheques and Postal or Money orders payable to **ARCHumanKind**. Please post to: **Avenue des Arts 19 - 1210 Bruxelles Belgique**.