



## SiZA MEMBER STATEMENT

FIRST NAME: \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

SEX: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

OCCUPATION AND ACADEMIC DEGREE: \_\_\_\_\_

AFFILIATION/COMPANY REPRESENTATIVE: \_\_\_\_\_

Place and date:

Signature: