



**APPLICATION FOR MEMBERSHIP
FOR AFFILIATED MEMBERS**

FULL NAME OF APPLICANT:

.....

.....

MAILING ADDRESS:

TEL:

FAX:

E-MAIL

WEB SITE:

PERSON TO CONTACT:

DATE:

SIGNATURE:

.....

.....

Fees €345 per annum

Note: Please fill in and return it (P. O. BOX 22369, 1521 Lefkosia, Cyprus) **together with your remittance**. An invoice and a receipt will be send to you after the approval by ACTA's Board of your application.

ACTA's contact details: Tel: 22-666435
Fax: 22-660330
E-mail: acta@acta.org.cy
Web: www.acta.org.cy
Street Address
Stasikratous 24
1065 Lefkosia
Cyprus