



NAIL Membership Application Form

I wish to become a Member of "NAIL"
(NETHERLANDS AMERICA INSTITUTE LIMBURG)
(PLEASE PRINT LEGIBLY)

Surname: Nationality:.....

First Name and Initials:

Occupation/ Military Rank:

Name of Spouse:

Street:

Postal Code: City:

Phone: (H).....(Mb).....

Preferred E-Mail address:

Date of birth:Partner:

Field of specialization/leisure time.....

I wish all NAIL information to be sent to the above E-Mail address/ Postal address or

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The annual membership dues run from 1 Jan – 31 Dec of each year. Dues are € 60 for couples and € 40 for a single person. Due to revised banking regulations, **we ask that you please contact your bank and transfer the monies to the NAIL account listed below, for annual dues and for all NAIL events you wish to attend. THANK YOU!**

NAIL Bank nr: IBAN: NL03 INGB 0002710049 BIC: INGBNL 2A

PHOTO CONSENT: I do / do not consent to and authorize the use and reproduction, in print or in electronic format including but not limited to use on the NAIL Facebook page and the official NAIL website of any and all photographs which have been taken during any NAIL sponsored event for any publicity purpose.

Date:.....Signature:.....

Please return this application form to the NAIL Secretary:

E-mail: rogerschijven.nail@gmail.com / T +31 (0)45-5410441 or M +31 (0)6-15031773

- * *In accordance with article 6.7 of the Articles of Association "In case the membership should end in the course of the official year for whatever reason or cause, the annual membership dues shall nevertheless be owed in full by the member".*
- * *Please inform the Board promptly if you, for any reason, plan to leave the NAIL.*