



## MEMBERSHIP APPLICATION FORM

Please fill in all the details below, together with a payment of €20.00 and post it to:

**The Secretary,  
INTER CLUB MALTA,  
Triq Salvinu Spiteri,  
Santa Venera, SVR 1110  
Malta**

Surname: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Locality: \_\_\_\_\_

Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I.D. Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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[www.interclubmalta.com](http://www.interclubmalta.com)