



INTERNATIONAL WOMEN'S CONTACT THE HAGUE

IWC Membership Application Form
(Please fill out in BLOCK letters)

Family Name (*1):

First Name (*1):.....

Street & House Number (*1):

Postal Code (*1): City (*1):

Telephone (*1): Cell Phone.....

E-mail (*1):

(If you decide to join IWC The Hague all above contact details will appear in our membership directory unless you indicate on this form which specific details should not appear).

Date/Place of Birth (*1):

Nationality (*1,2,3): at birth:.....actual:.....

Date of arrival in The Netherlands (*1): Estimated length of stay:

Profession/professional training:

Interests/Hobbies:.....

How did you hear about IWC The Hague?

I declare that the details given in this application are, without exception, authentic and legitimate.

Signature:..... Place/Date:

**1 : compulsory to fill out (in BLOCK letters, please)*

**2 : evidence of nationality may be asked of you for checking at any moment*

**3: according to the Constitution certain nationality quota are applicable.*

Membership annual dues 1 Sept 2015 – Aug 31st 2016: € 86,--

To be paid into the Membership Fees Account of International Women's Contact: NL70ABNA0517269260

Upon acceptance of your application and receipt of your payment, we will confirm your membership and you will receive our monthly magazine.

**Please return this form and
A copy of your Passport to:**

IWCTHEHAGUEMEMBERSHIP@GMAIL.COM

or

Barbara ANSARI

IWC The Hague

Membership Officer 2015/16

Vierloper 10

2586 KV Den Haag

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