

Confirmation applicant's identity

I, the undersigned

NAME _____

PASSPORT/ID NUMBER _____

COUNTRY _____

E-MAIL _____

Hereby apply for membership of EADV

DATE _____

I understand and accept that the application process cannot be finalized until this document is received by EADV (Original by post – NO fax – NO e-mail).

Signature

This document must be sent by post to

***Membership applications
EADV Office
38, Ave. General de Gaulle
BE-1050 Brussels
Belgium***