



MEMBER REGISTRATION FORM

Name: Surname:

Year of Birth: Place of birth:

Full name of parent originating from
Kyrenia:.....

(If the Parents do not originate from Kyrenia District)

«Kyrenia Friend»: Recommended by (Name and Signature):

(1) (2) (3)

.....

Postal address of residence.....
.....Postal Code:.....

Telephone Number: Fix Line:..... Mobile:

E-mail:

Facebook Name:

Twitter Name:

Occupation or title:.....

Hobby:

Signature:

**Temporary Address / Office: 8, Markou Drakou Avenue, 1102 Nicosia, (by the Ledra Palace road block). Tel:22- 818040 Fax: 22-818228 /
Kyrenia Youth Administrative Board email: kyreniayouthcouncil@cytanet.com.cy /
Kyrenia Municipality e-mail: kyreniamunicipality@cytanet.com.cy**



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