



NAUTICAL CLUB of TZITZIFIES KALLITHEA

Founded in 1958 - Offices-Premises: Delta Falirou - Kallithea - Zip Code: 176-74
Tel: 210-4810390/91 • Fax: 210-4131549 • Web: www.notk.gr • Email: info@notk.gr

PHOTO

MEMBER REGISTRATION APPLICATION

LAST NAME:
FIRST NAME:
FATHER'S NAME:
MOTHER'S NAME:
SPOUSE'S NAME:
ID CARD NUMBER:
YEAR OF BIRTH:
NATIONALITY:
PROFESSION:
WORK ADDRESS: Street: No:
CITY: Zip: Tel:
HOME ADDRESS: Street: No:
CITY: Zip: Tel:

To the Board of Directors

Gentlemen & Ladies,

I request your approval of this member registration application to join **N.O.T.K.**

I DECLARE that I recognize and accept the Statute (Articles of Association), as well as the operating regulations of **N.O.T.K.**

I will adhere to the decisions of Administrative Council and will make every possible effort to materialize the objectives of **N.O.T.K.**

I also declare that the impediments that are stated in Law 2725 / 1999 of the Athletic Legislation and article 10 of the Statute of **N.O.T.K.** do not concern my person.

THE APPLICANT
(signature)

Date:

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NOMINATING MEMBERS

We, the undersigned, declare that we know the applicant and having taken the Articles of the Statute of N.O.T.K. and the Athletic Legislation (N 2725/99) into consideration, unconditionally put forward his registration as a Member of N.O.T.K.

FULL NAME

SIGNATURE

1. _____

2. _____

N. O. T. K. - BOARD OF DIRECTORS

The above application was examined at the meeting of Administrative Council of _____ and his/her registration as a Member of N.O.T.K., IS APPROVED

The Chairman

The General Secretary
