CHAMPION ANGELS ASSOCIATION

MEMBER APPLICATION FORM

To Champion Angels Association,

I hereby apply to become a member of the Champion Angels Association.

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Name - Surname: _____ Signature: _____

MEMBER INFORMATION

NAME	:	_____	SURNAME	:	_____
DATE OF BIRTH	:	_____	ID NO	:	_____
BLOOD TYPE	:	_____	OCCUPATION	:	_____
MOBILE NUMBER	:	_____	E-MAIL	:	_____
ADDRESS	:	_____	WORK ADDRESS	:	_____

Dear .....

Your membership to Champion Angels Association has been approved by the administrative board.

Signature – Seal: President of the Administrative Board:

The membership fee of the association is "eight per thousand (0.8%)" of the current gross minimum wage determined monthly by the minimum wage determination commission.