

Membership Request Form
Forma Xwesteka Endametiye



I would like to become a member of the Kurdish Academics and Professionals Network and I accept the statute of the network.

Ez dixwazim bibim endamê Tora Akademîsyen û Pîsporên Kurd û destûrnameya torê dipejirînim.

Name / Nav

Surname / Paşnav

Date of Birth / Rojbûn

Profession / Pîşe

Address / Navnîşan

Post Code / Koda Postayê

Phone Number / Numareya Telefonê

Email

Entering Date / Destpêka endametiye

Direct Dedit Mandate / Wekaleta bankayê

Name and Address of Bank / Nav û Navnîşana bankayê

IBAN

BIC

Monthly Contribution / Mehane

Place and Date / Cih û dem

Signature / Îmze