



ENEMALTA PROFESSIONAL OFFICERS UNION  
E. P. O. U.  
P. O. BOX 3  
B'BUGIA

### MEMBERSHIP APPLICATION FORM

Name and Surname: \_\_\_\_\_ ID No.: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Phone Numbers: Office: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Qualification: \_\_\_\_\_ Year of graduation: \_\_\_\_\_

Awarding Body: \_\_\_\_\_ MQF/EQF Level: \_\_\_\_\_

Warrant No: *(where applicable)* \_\_\_\_\_

Grade: \_\_\_\_\_ Section: \_\_\_\_\_

Signature: \_\_\_\_\_

#### Membership Fee Payment Method:

1. Please find enclosed Cheque (payable to EPOU) or Cash of €7.00 as registration fee.
2. Please deduct €2.50 from my salary.

#### Declaration:

I hereby apply for membership of the EPOU. I subscribe to the rules of the Union and I shall pay the subscription due, according to the rules.

#### Particulars of the Proposer:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Signature: \_\_\_\_\_ Section: \_\_\_\_\_

Date: \_\_\_\_\_

(Kindly send this form to the Secretary at the above address.)