

**WORLD AID ORGANIZATION FOR HUMAN RIGHTS
STATUS HUMANITAS**

**APPLICATION FORM FOR MEMBERSHIP AS
REPRESENTATIVE OF W.A.O.H.R.
“HUMANITARIEN STATUS”**

SURNAME: _____

GIVEN NAMES: _____

ADDRESS: _____

EMAIL: _____ **TEL.:** _____

DATE OF BIRTH: _____ **PASSPORT / ID NO.:** _____

DATE OF EXPIRY: _____ **NATIONALITY:** _____

Were you involved in any civil / criminal case: _____

If yes, please details: _____

Applicants signature

**W.A.O.H.R. – WORLD AID ORGANIZATION FOR HUMAN RIGHTS
STATUS HUMANITAS**

1. To become a **REPRESENTATIVE MEMBER** is voluntary.
2. For the **REPRESENTATIVE** membership the member accept a membership fee.
3. The membership fee is a **DONATION** for the **humanitarian aid programs** of W.A.O.H.R. The membership fee is minimum 120 US \$ or 120 €.

DECLARATION:

1. I hereby expressly acknowledge that the information I have given above is, to the best of my knowledge and belief, true and none of it is untrue or has been suppressed.

2. I strictly adhere to the rules and regulations of the W.A.O.H.R. which come into force from time to time.
3. **W.A.O.H.R. is not responsible for any misuse of his REPRESENTATIVES issued to the member during their membership with W.A.O.H.R.**

_____ 2017

APPLICANTS SIGNATURE

With my signature I hereby expressly acknowledge that the information I have given above is, to the best of my knowledge and belief, true and none of it is untrue or has been suppressed.