

MEMBERSHIP APPLICATION FORM FOR NATURAL PERSONS

NAME

PERSONAL ID CODE

POSTAL ADDRESS

PHONE

E-MAIL

FOREST AREA (IN HECTARES)

CADASTRAL REGISTER NUMBER

I hereby request to be accepted as a member of the Läänemaa Forest Association. I have reviewed the Association's articles of association, I am aware of my rights and obligations as a member of the Association under the articles of association.

For the fulfilment of actions prescribed under the articles of association, I authorise Läänemaa Metsaühistu MTÜ to store, collect and process my personal and forestry data in the relevant register or information system.

Send the completed application to Läänemaa Metsaühistu MTÜ Tallinna mnt 80, Uuemõisa, Haapsalu 90401.

SIGNATURE

DATE

To be completed by the Forest Association

ADOPTED ON (DATE)

NO

