**ASSOCIATION OF ELDERLY RIGHTS & MENTAL HEALTH** - **MEMBERSHIP APPLICATION FORM**

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***There is no hierarchical distinction between the founding members and the members who subsequently joined the association.* *They all have the same rights and responsibilities.* *All the governing bodies of the association are appointed by the election made among the members.***

***Please note that foreign nationals can be Associate Members to the Association, according to the law in TRNC.***

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| ***PERSONAL INFORMATION*** | *Name and Surname* |  |
| *ID Card Number* |  |
| *Birth place and date (DD/MM/YYYY)* |  |
| *Marital Status (Married/Single)* |  |
| *Education Status* |  |
|  |  |
| ***CONTACT INFORMATION*** | *Home Phone* |  |
| *Mobile Phone* |  |
| *E-mail Address* |  |
| *Residential Address* |  |
| ***WORKING CONDITION*** | *Profession / Position* |  |
| *Company Name* |  |
|  | *Office address* |  |
| ***CONTRIBUTION TO THE ASSOCIATION****(Please type YES in the appropriate field)* | *I can provide financial support*  |  |
| *I can give administrative support*  |  |
| *I can visit Elderly Care Homes* |  |
| *I can contribute to mental health related activities* |  |
| *I can take responsibility in activities / organizations* |  |
| ***To the Board of the Association of Elderly Rights and Mental Health:****I have read* [*the by-laws of your association*](https://elderlyrightsandmentalhealth.org/wp-content/uploads/2022/01/ASSOCIATION-OF-ELDERLY-RIGHTS-AND-MENTAL-HEALTH-CONSTITUTION-2022-01-03.pdf) *and I want to contribute to its implementation. I undertake to adhere to the statutes, principles and objectives of the association and that the above information is correct. I submit this application for the acceptance of my membership.****Name and Surname:*** ***Date :*** ***Signature:******Membership Fee: 2023 annual membership fee is 100 TL.***

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| **BANK INFORMATION** |
| **TURKİYE İŞ BANKASI** |
| ACCOUNT NO. | IBAN NO. | ACCOUNT NAME |
| 6820-631640  | TR180006400000168200631640 | YAŞLI HAKLARI VE RUH SAĞLIĞI DERNEĞİ |
| **KOOPERATİF MERKEZ BANKASI** |
| 482765  | CT60120000310000000000482765 | YAŞLI HAKLARI VE RUH SAĞLIĞI DERNEĞİ |

**Yaşlı Hakları ve Ruh Sağlığı Derneği****Adres: Levent Site, Cemal Togan Street, Apt. 1, Block 7, Famagusta | Tel: 0533-8574392 | E-mail: info@yaslihaklariveruhsagligi.org** |