



ΠΑΓΚΥΠΡΙΑ ΟΡΓΑΝΩΣΗ ΑΠΟΚΑΤΑΣΤΑΣΗΣ ΑΝΑΠΗΡΩΝ (Επαρχιακή Επιτροπή Λεμεσού)
Αντώνη Λουκαΐδη 114, Ε2 & Ε3 Όσσης Κωρτ, Block E, 3031, Λεμεσός
Τ.Θ. 51376, 3504 Λεμεσός Κύπρος Τηλ: 25-877878, Fax: 25-577877
E-mail: poaa.lemesou@cytanet.com.cy Website: www.poaalemesou.org

AFFIRMATION

I, with the Identity Card Number have applied for a membership at POAA Limassol. It is to my understanding that for the purposes of my registration as a member of POAA Limassol all the medical documents I have attached with my membership application will be examined by the district committee of POAA.

I understand that if the decision of the district committee, of which I will be notified, is positive and I have been approved for my registration as a member of the organization, first I will pay the amount of €12 for my registration and then with the annual renewal of the membership card I will pay the amount of €10 per year so that I can secure all the benefits of this card.

I have been made aware of the provisions of the Article of Association as it stands and as amended from time to time. I have also learned that I have additional rights, responsibilities and privileges, as decided by the Pancyprian Congress of Members, as provided by any regulations, unless otherwise provided by these Statutes. I accept the Internal Regulations of the Organization.

I hereby declare that all the facts and information I have presented to the organization are true. I know that the information is subject to scrutiny and that making a false statement in order to secure a disability is a criminal offense. With the statement I also authorize POAA Limassol to process my personal data in accordance with the provisions of the Personal Data Processing (Personal Protection) Law. The registration is made upon request to the Executive Committee and is furthermore supported by two members.

Finally, I confirm that the social worker informed me that the confidentiality of my data is ensured and that everything that will be said in our appointments will be kept completely confidential.

Signature:.....

Date:.....



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Membership Application

Name/ Surname: _____ ID: _____

Date of Birth: _____ Mobile Tel: _____

Address: _____ P.O: _____

Municipality: _____ Email: _____

Disability: _____

Education: _____ Profession: _____

Allowances: _____

Car: _____ Technical Means: _____

Family Status: Married, Single, Widowed, Divorced

Children & Age: _____

Date _____ Signature: _____

Decision of the District Committee:

Date:

Approved/Rejected

President: _____ Secretary: _____