

# REGISTRATION APPLICATION

## APPLICANT'S PERSONAL INFORMATION:

First Name: \_\_\_\_\_

Second Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Birth Year: \_\_\_\_\_

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

Studies' Institution: \_\_\_\_\_

First Year of Studies: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

The applicant signing below \_\_\_\_\_ of \_\_\_\_\_ I responsibly agree that I wish to become a member of the Student Aerospace Association EUROAVIA NTUA and that I acknowledge and agree to conform to the Articles of Incorporation currently in effect.

Date

\_\_\_\_\_  
(Signature)

\_\_\_\_\_

## CO-SIGNING MEMEBRS OF THE LOCAL BOARD

President

Secretary

Tresurer

Member A'

Member B'