



DECLARATION

I wish to join the Association of the Jewish Historical Institute in Poland

1. **Name and surname**.....

2. **Date and place of birth**

3. **Address:** Street/house number

Location.....postal code.....

Email address:.....tel. number.....

4. **Occupation:**

5. **Employment**

6. **Scientific degrees**.....

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7. **Scientific of cultural activities**.....

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.....

.....

.....
date

.....
signature

1. **Candidate recommended by the member of Association::**

First name:.....**surname:**.....**signature:**.....

2. **Candidate recommended by the member of Association::**

First name:.....**surname:**.....**signature:**.....

Board resolution (date)201

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Secretary

.....
President