



DECLARATION

I wish to join the Association of the Jewish Historical Institute of 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**.....

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

.....
date

.....
signature

1. **Candidate recommended by the member of Association** (the duration of their membership needs to be at least three years):

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

2. **Candidate recommended by the member of Association** (the duration of their membership needs to be at least three years):

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

Board resolution

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Secretary of the Board

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Chairman of the Board