

## **DECLARATION**

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

1.	Name and surname			
2.	Date a	nd place of birth		
3.	Address: Street/house number			
	Locatio	on	postal code	
	Email a	address	tel. number	
4.				
5.	Emplo	Employment		
6.	Scienti	Scientific degrees		
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7	Scientific of cultural activities			
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		ate	signature	
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	Fir	st name:	surname: signature:	
	_	ndidate recommended by the at least three years):	he member of Association (the duration of their membership needs	
	Fir	rst name:	surname: signature: signature:	
Bo	ard resolu			
	Secr	retary of the Board	Chairman of the Board	