**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.............................................................

1. **Occupation** ..................................................................................................................................................
2. **Employment** .................................................................................................................................................
3. **Scientific degrees**...........................................................................................................................................

 ..............................................................................................................................................................................

1. **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**:………………..

1. **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 ....................................................................................................................................................................

 .................................................. ....................................................

 Secretary of the Board Chairman of the Board