Application form

International Public Organization

*Association of Researchers of the Golden Horde*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name, First Name |  | | | | | | | | | | |
| Motives and Goals of Membership |  | | | | | | | | | | |
| Professional Interests |  | | | | | | | | | | |
| Membership in Professional Associations and Organizations (if available) |  | | | | | | | | | | |
| List of Major Publications  (up to five entries) |  | | | | | | | | | | |
| VAT No. (if available) |  | | | | | | | | | | |
| Date of Birth | Day | | Month | | | | | | | Year | |
|  | |  | | | | | | |  | |
| Place of Birth | City / Town | | | | | Region / Area | | | | Country | |
|  | | | | |  | | | |  | |
| Identity Document Data | | | | | | | | | | | |
| Document Type |  | | | | | | | | | | |
| Document Serial No. | Series | | Number | | | | | | | | |
|  | |  | | | | | | | | |
| Document Issuer |  | | | | | | | | | | |
| Date of Issue | Day | | Month | | | | | | | Year | |
|  | |  | | | | | | |  | |
| Citizenship (if there are two or more indicate all) | Country | | | | | | | | | | |
|  | | | | | | | | | | |
| Residence Address | Postal Code | Country | | | Region | | City/Town | Street | House/Building | | Appart. |
|  |  | | |  | |  |  |  | |  |
| Personal Phone No. |  | | | | | | | | | | |
| e-mail |  | | | | | | | | | | |
| Place of Work | Institution (Faculty, University, Institute) | | | | | | | | | | |
|  | | | | | | | | | | |
| Workplace Address | Postal Code | Country | | | Region | | City/Town | Street | Building | | Cabinet |
|  |  | | |  | |  |  |  | |  |
| Business Phone No. | Country Code | | | City Code | | | Number | | | | |
|  | | |  | | |  | | | | |
| Personal signature of the applicant hereby confirming the agreement with the provisions of the Statute of the Association and consent to the processing of personal data | Signature | | | | | | Full Name | | | | |
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