



## APPLICATION FORM

Metropole Alliance

We would like to thank you for expressing an interest in joining our international association of lawyers and professionals.

Please fill out the form below and return to **info.metropolealliance@gmail.com**. We will contact you as soon as possible to confirm your membership.

First Name:		Surname:			
Company Name:					
Position:					
Address:					
	City:		Country:		Post code:
Telephone:			Fax:		
Email address:					
Company website:					

I would like to join Metropole Alliance because I am:

- Lawyer     Accountant     Other  
Please specify: \_\_\_\_\_

### PAYMENT INFORMATION

The membership fee is €500.00 per year, payable upon submission of the Application Form valid for the respective year. Please remit the Membership Fee to the following account:

**METROPOLE ALLIANCE AISBL**

**IBAN: CY30 0050 0140 0001 4001 9106 3501**

**SWIFT: HEBACY2N**

Address: Hellenic Bank Public Company Ltd, Esperidon 5, 1<sup>st</sup> Floor, 2001 Strovolos

I hereby confirm that the above information is true and correct.  
I consent to the use and processing of the above information by representatives of Metropole Alliance for the purpose of the membership.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date:            /    /