

**Membership for disabled persons**

# 1. Name? \*

# 2. Type of disability \*

# 3. Date of birth? \*

*Example: January 7, 2019*

4. Country / city name? \*

# 5. Do you work? \*

# 6. Please attach the following papers

*Check all that apply.*

certificates personal

Photo

Passport copy

Phone / WhatsApp / email

# 7. Please attach the following papers \*

Files submitted: