



**Membership individuals working in the field of
persons with disabilities**

1. Name:

2. Type of disability

3. Specialization:

4. Date of birth:

Example: January 7, 2019

5. Country / city name? *

6. Nature of your work:

7. Please attach the following papers

Check all that apply.

- certificates personal
- Photo
- Passport copy
- Phone / WhatsApp / email*