


IRB -

photo	REQUEST FOR ADMISSION IRB – EPA MACEDONIA	
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EUROPEAN POLICE ASSOCIATION - MACEDONIA

I declare that I accept the provisions of the international Statute of the European Police Association - Brussels and the European Police Association Macedonia, as well as other acts that I will respect under full material and criminal responsibility.

EMBG	
Surname / Father's name / First name	
Date, place and country of birth	
Adress of residence	
Work place	
E-mail address	

Contact number	
Date	

AGREEMENT

I declare that I voluntarily accede to the European Police Association - Brussels (EPA) - IRB - European Police Association Macedonia, that I accept under full material and criminal responsibility all the provisions of the Regulations of the IRB - EPA Macedonia, the Statute and the decision for which I will become a full member. I will respect and help improve the work, affirmation and activities of the European Police Association of North Macedonia. In case of termination of membership, for any reason, I undertake to return the membership card and other signs to IRB - EPA Macedonia.

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I CONFIRM THAT THE APPLICANT FULFILLS THE REQUIREMENTS FOR ADMISSION TO MEMBERSHIP OF IRB - EPA Macedonia:

ПРИЛОЗИ 1. Photocopy of ID card 2. Certificate from criminal record 3. Photocopy of payment slip Acceptance by recommendation of _____

Membership fee payment account number:

DIRECTOR: Zharko Dailoski m.p. _____