**Czech Association for European Studies**

**Application for Membership**

I register as a member of the Czech Association for European Studies

Name .........................................................................................................................

Day and Place of birth ................................................................................................

Title (Prof., Dr., Ph.D.)…………………………………………………………………….

Institution and Postal Address.....................................................................................

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Address for correspondence .....................................................................................

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Phone Number ..........................................................................................................

E-mail Address ……....................................................................................................

At the same time I pledge to work to fulfill the tasks of the Association and its statutes.

Date ...................................................

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 Signature