



MEMBERSHIP APPLICATION FORM

For Organizations

The full name of the organization /in native language of the country the activity is carried on/*	
The full name in Armenian*	
The full name in English	
The full name in Russian	
Abbreviation	
The activity country name	
The activity region/ city Full address*	
Phone Number *	
E-mail*	
Website	
Date of establishment, legal status *	
The mission /field of activity and key focuses/	
Active members' number*	
The head /position and contact information/ *	
Name of the representative to be assigned to WostAYN council, contact information *	
Additional information Institution symbol	
It is required to send the following documents to the e-mail: wostayn@gmail.com a/the filled application form b/ the copy of WostAYN membership decision from the organization head c/the charter copy d/the copy to WostAYN council representative appointment decision from the organization head	