

SOS Radicalisation a.s.b.l. application form (non profit organization NPO)

surname: _____
name: _____
number, street: _____
zip code, place: _____
e-mail: _____
phone: _____
nationality _____

reason for my membership application:

I agree with the statutes of SOS Radicalisation a.s.b.l. and comply with the storage of my personal data, in order to facilitate the administration of the members :

Yes No

membership accepted by the board of administration on: _____

I'd like to receive informative e-mails about SOS Radicalisation a.s.b.l. and respect.lu – Centre contre la radicalisation. I hereby agree that my e-mail address will be stored for this purpose:

Yes No

Place, date: _____

signature: _____

please e-mail to admin@respect.lu