

MEMBERSHIP FORM (CORPORATE) Page 1

COMPLETE IN BLOCKS:

CORPORATE MEMBERSHIP TYPE <small><mark where appropriate></small>			
Blue ¹ (<€300):	<input type="checkbox"/>	Bronze ² (€300):	<input type="checkbox"/>
Silver ³ (€500):	<input type="checkbox"/>	Gold ⁴ (€1,000):	<input type="checkbox"/>
Platinum ⁵ (€2,000):	<input type="checkbox"/>	Other: €_____	<input type="checkbox"/>
If your entity can sponsor bBrave's activities by donating other sums or through other means, kindly contact bBrave on info@bbrave.org.mt			

Payment:	Total sum being paid: € _____		
Payment Method: <input type="checkbox"/> Cheque* <input type="checkbox"/> Cash <input type="checkbox"/> Online Payment**	*Cheque no: _____	**A/C no: _____	
<input type="checkbox"/> Other: _____	Bank: _____	Bank: _____	

ENTITY DETAILS	
Entity Name:	
Address:	
Locality:	Postcode:
Contact Person:	
Role:	
Landline No:	Mobile No:
Website:	
Email:	
<input type="checkbox"/> This entity supports the objectives of bBrave ⁶	

¹ Entitled to register up to 2 individual Members

² Entitled to register up to 3 individual Members

³ Entitled to register up to 4 individual Members

⁴ Entitled to register up to 8 individual Members

⁵ Entitled to register up to 12 individual Members

⁶ The objectives of bBrave are contained in the Statute that is available to all Members and Prospective Members. The Mission Statement of bBrave is to raise awareness on different forms of bullying and to facilitate assistance for bullying victims and for the reform of bullies in Malta

MEMBERSHIP FORM (CORPORATE) Page 2

COMPLETE IN BLOCKS:

Attach further forms if required.

LIST OF INDIVIDUALS NOMINATED BY ENTITY FOR MEMBERSHIP

Name:	Name:
ID No:	ID No:
Age:	Age:
Tel/Mob:	Tel/Mob:
Email:	Email:
<input type="checkbox"/> <i>I support the objectives of bBrave⁵</i>	<input type="checkbox"/> <i>I support the objectives of bBrave⁵</i>
Signature:	Signature:

Name:	Name:
ID No:	ID No:
Age:	Age:
Tel/Mob:	Tel/Mob:
Email:	Email:
<input type="checkbox"/> <i>I support the objectives of bBrave⁵</i>	<input type="checkbox"/> <i>I support the objectives of bBrave⁵</i>
Signature:	Signature:

Name:	Name:
ID No:	ID No:
Age:	Age:
Tel/Mob:	Tel/Mob:
Email:	Email:
<input type="checkbox"/> <i>I support the objectives of bBrave⁵</i>	<input type="checkbox"/> <i>I support the objectives of bBrave⁵</i>
Signature:	Signature:

Date

Name of Person
Submitting Form

ID No.

Signature