

## MEMBERSHIP FORM (INDIVIDUALS)

**COMPLETE IN BLOCKS:** (If more than 4 individuals are applying, attach further forms to this form as may be necessary.)

<b>Payment:</b>		Total sum being paid: €_____
Payment Method:	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque - Cheque no: _____
<b>CHECK BOX</b> Online Payment: Payable to BBRAVE -- BIC/SWIFT: VALLMTMT -- BOV IBAN No. MT67VALL22013000000040025082908		

MEMBERSHIP TYPE <mark where appropriate>			
INDIVIDUALS		FAMILIES	
Adults (€12 each):		Up to 2 adults & 2 children (€25):	
Minor (€6 each):		Additional Minors (€3 each):	

Address:	
Locality:	Postcode:

MEMBER 1	MEMBER 2
Name:	Name:
ID No:	ID No:
Age:	Age:
Tel/Mob:	Tel/Mob:
Email:	Email:
<input type="checkbox"/> I support the objectives of bBrave <sup>1</sup>	<input type="checkbox"/> I support the objectives of bBrave <sup>1</sup>
Signature:	Signature:

MEMBER 3	MEMBER 4
Name:	Name:
ID No:	ID No:
Age:	Age:
Tel/Mob:	Tel/Mob:
Email:	Email:
<input type="checkbox"/> I support the objectives of bBrave <sup>1</sup>	<input type="checkbox"/> I support the objectives of bBrave <sup>1</sup>
Signature:	Signature:

<p><b>PARENT(S) / GUARDIAN(S) CONSENT FOR APPLICATIONS WITH MINORS:</b></p> <p>I/we, the undersigned, hereby confirm that I/we have the necessary authority to act for the minor/s on this form, and hereby consent to such minor(s) to make this application.</p> <p>Consent for minor(s) to receive written communications from bBrave<sup>2</sup>: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Date

Name of Person Submitting Form

ID No.

Signature

<sup>1</sup> 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

<sup>2</sup> bBrave applies a child-friendly policy and will not send adult-oriented material to minors