



**CYPRUS ASSOCIATION OF LEISURE PARKS
AND ATTRACTIONS (CALPA)**

APPLICATION FOR MEMBERSHIP

**(Η συμπλήρωση των στοιχείων να γίνει απαραίτητα στην ΑΓΓΛΙΚΗ γλώσσα)
(Please fill in your details in English)**

NAME OF MEMBER:

CONTACT PERSON:

(Mr./Ms).....

FULL STREET ADDRESS:

.....

POSTAL CODE: **TOWN/CITY:**

PO BOX: **POSTAL CODE:** **TOWN/CITY:**

TEL.:

MOB:

FAX:

MAILING ADDRESS (IF DIFFERENT FROM ABOVE):

.....

EMAIL:

WEBSITE:

BRIEF DISCRIPTION OF YOUR BUSINESS (English)

Why do you want to become a member and what do you expect from the Cyprus Association of Leisure Parks & Attractions? (English)

ANNUAL ASSOCIATION FEE €250

DECLARATION

We hereby apply for membership and agree to abide by the Associations Statute and By-Laws.

Date:

Stamp & Signature:

Name of Signatory:

Position in Company:

TEL.: +357 99 694989 Email: info@cyprusleisureparks.com