



charles chikhani  
FOUNDATION

**Charles Chikhani Foundation**  
**Authorization n° 366**  
**Beirut**

**Application for Membership**

Name: ..... Father's name: .....  
Mother's name: ..... Place & date of birth: .....  
Registry N° & place: ..... Nationality: .....  
Address: .....  
Telephone N°: ..... Blood Type: .....  
Occupation: ..... Work address: .....  
Work phone: .....  
Marital status: ..... Spouse's name: .....  
Spouse occupation: ..... Spouse's blood type: .....  
Spouse work address: ..... Telephone: .....  
Are you a member in other association? .....  
In the affirmative specify: .....

<b>Children's names</b>	<b>Date of birth</b>	<b>Blood type</b>

\* I hereby confirm on my own responsibility that the above information are true complete and correct, and I will abide by the association rules and statutes.

Date:

Signature: