



Membership Application

Please fill in this application form if you are interested in being a member in the MENAHRRA network

Membership is valid for one year from the date of joining

Membership type: Individual Institutional

Title(Mr., Mrs, Miss, Ms, Prof., Dr,etc): _____

First Name: _____

Last Name: _____

Organization: _____

Position/Job Title: _____

Date of Birth :(D,M,Y) _____

Place of Birth:(country) _____

Work address : _____

Email address: _____

Phone number-work: _____

Phone number-personal: _____

Please brief in maximum two lines your involvement in harm reduction field:

What would be briefly your expectations from a MENA Regional Network on Harm Reduction?

(I apply to join MENAHRRA network and agree to comply with the rules of the association. I understand that my application is subject to agreement by the Board of the association).



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Payment Details: *(Fees/Donations can be paid in Total amount or divided in three payments following the BOD decision)*

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- Yearly Fees: 200.000 LL 134 US\$
 - Donation(amount): _____
 - Cash
 - Chèque Number _____ Date _____
 - Transfer Date: _____
From Bank Account Number: _____

I have transferred money to pay Donation/membership Fees to:

MENAHRRA, Hayek Round about, BBAC Building, Second Floor, Sin El Fil, Lebanon

Account Holder: Messrs. MENAHRRA

Bank Name: Bank Audi s.a.l - Audi Saradar Group

Bank Address: Sin el fil - Hayek Street - Hojeily bldg

Account Number: 346 236

Swift: AUDBLBBX

IBAN: LB54 0056 0003 4623 6461 0020 2502

Date of Application:

Name and Signature: