

## MEMBERSHIP APPLICATION FORM

### GLOBAL APPRECIATION AND SKILLS TRAINING NETWORK

#### Personal Information

Organization/Institution/Company

Title  Last Name  First Name

Address

City  Postal Code

Country  Country

Phone 1  Phone 2

Email  Fax

Nationality  Date of Birth  Gender

#### Professional Information

Present Position

Qualification

If other, please specify

#### Language Information

Mother tongue

Language 1  Level

Language 2  Level

#### Other Information

Type of membership requested  please consult the GASTRAN website for information on the different membership types

Willingness to contribute towards GASTRAN support fund

I am interest in being involved in the activities of GASTRAN

*If any of the two above questions, please provide a more detailed explanation here*

I accept membership into Global Appreciation and Skills Training Network (GASTRAN ) and that the Standards are limited to persons of good moral Character and reputation. I recognize the importance of rendering personal service to my community and country in corporations with GASTRAN team members. I understand that membership is not valid until approved by the board of directors.

Sign.....

Date.....