

Valgamaa Metsaühistu MTÜ valgamaa.metsauhistu.ee valgamaa@metsauhistu.ee Jaama pst 12 68204 Valga +372 5649 3197

MEMBERSHIP APPLICATION FORM FOR NATURAL PERSONS

NAME

PERSONAL ID CODE

POSTAL ADDRESS

PHONE

E-MAIL

FOREST AREA (IN HECTARES)

□ I hereby request to be accepted as a member of the Valgamaa Forest Association. I have reviewed the Association's articles of association, I am aware of my rights and obligations as a member of the Association under the articles of association.

For the fulfilment of actions prescribed under the articles of association, I authorise Valgamaa Metsaühistu MTÜ to store, collect and process my personal and forestry data in the relevant registers (incl Metsaregister) and information systems.

Send the completed application to Valgamaa Metsaühistu MTÜ, Jaama pst 12, 68204 Valga.

SIGNATURE	
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DATE

To be completed by the Forest Association

ADOPTED ON (DATE)