

CEC MEMBERSHIP APPLICATION

PLEASE PRINT IN BLOCK LETTERS

Date:	Nationality:
First Name (print):	
Last Name (print):	
Email:(Email is the primary	way the CEC communicates with its members)
Mobile Phone &/or Home	Phone:
, ,	nembership and agree to abide by the CEC omit payment for CEC Life Membership for the
Signed:	
Board Member Signature:	:

Expats Helping Expats