

**JUNIOR FORM
MALTA CHESS FEDERATION
JUNIOR CHESS CLUB
INDIVIDUAL MEMBERSHIP FORM**



NAME _____ SURNAME _____

ADDRESS _____

PLEASE CIRCLE GENDER M F BIRTHDATE _____ SCHOOL YEAR _____

HOME PHONE _____ MOBILE _____ EMAIL _____

YEARLY SUBSCRIPTION FOR JUNIORS UNDER 20 € 15

FREE MEMBERSHIP FOR ALL STUDENTS U/16 YEARS

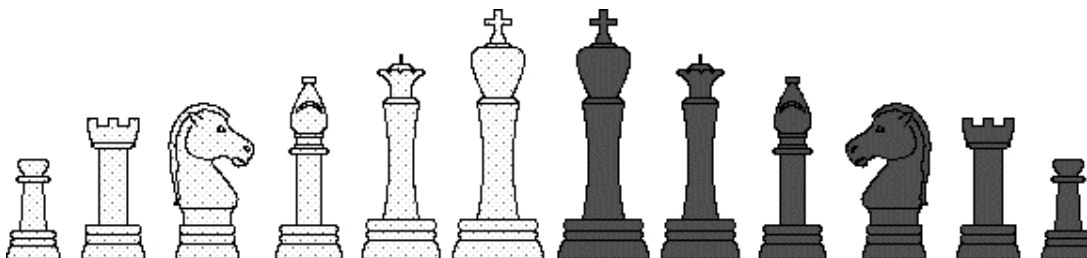
OPTIONAL DONATION € 5 € 10 € 25 other Amount

Individual's Signature _____

Date _____

Parent/Guardian's Signature _____

Date _____



Make Cheques payable to the:- **Malta Chess Federation**

Postal Address:- **C/o Mr.S.Farrugia, 63 Il-Gardina, Triq Is-Sienja, KALKARA klr1182**

