

Nature Trust – FEE Malta Membership Form

Name:	Surname:	
House Address:		
Email Address:		
Telephone Number:	Mobile Number:	
ID Number:	Date of Birth:	
Other Family Members <i>(applicable only for family memberships)</i>	Date of Birth:	email address
Date:	Signature:	

Please note that all data in this membership form will be kept confidential in accordance with the Data Protection Act.