



The International Congress for the Protection of the Rights and Freedoms of Citizens "SHIELD"

Application

Please accept my request to join as a member of the Shield International organization.

By the International Law "On the Protection of Personal Information," I consent to use my personal information.

Full name: _____

Date of birth: _____

Nationality: _____

Place of residence: _____

Qualifications: _____

The profession : _____

Work Address : _____

Have you ever volunteered in one of the humanitarian organizations: _____

Telephone number : _____ E-mail: _____

I agree to the goals and principles of the organization and pledge to carry out my voluntary humanitarian duty without regard to race, religion, gender, or sect, and I know that when my application to join the organization (as a member) is approved and I gain membership in the international organization, annual subscription fees must be paid, according to the law in force in the organization I pledge not to use this membership for personal purposes or to publish any materials, statements or statements in the media, electronic media and social networks, except after approval and a letter of authorization from the management of the organization.

shieldcongress@gmail.com

Signature: _____

Date : « _____ » _____ 20____