



Application

I would like to join as member of the BirdLife Estonia (Estonian Ornithological Society).

First Name:			
Last Name:			
Date of Birth (DD.MM.YYYY)			
Email:			
Phone Number:			
Country:			
State / Province:			
City:		Postal Code:	
Street Address:			

I would like to receive free publications:

	By email	By post
Electronical newsletter (in Estonian, weekly)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Journal Tiirutaja (in Estonian, quarterly)	<input type="checkbox"/>	<input type="checkbox"/>
Scientific bird journal Hirundo (in Estonian, with English summary, twice a year)	<input type="checkbox"/>	<input type="checkbox"/>

Become members as a family

My family members would like to join as well. I confirm that other family members are agree and I am the representative of the family.

First Name	Last name	Date of Birth (DD.MM.YYYY)	Email

Date: _____

Signature: _____