



ΦΙΛΟΙ ΜΟΥΣΙΚΗΣ ΚΑΙ ΧΟΡΩΝ ΛΑΤΙΝΙΚΗΣ ΑΜΕΡΙΚΗΣ  
ΑΡΙΣΤΕΙΔΟΥ 41, 152 34 ΧΑΛΑΝΔΡΙ  
ΑΦΜ: 997356992 - ΔΟΥ: ΧΑΛΑΝΔΡΙΟΥ  
info@salsaspring.gr  
www.salsaspring.gr

## Member's Application Form

Application Number .....

Date.....

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Address: \_\_\_\_\_

ID or Passport Number: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_

I agree with the terms referring to the articles of association of SALSA SPRING DANCE PROD club, as it is declared in the official website of the club [www.salsaspring.gr](http://www.salsaspring.gr)

Members signature