

# SOS Radicalisation a.s.b.l. application form (non profit organization NPO)

surname: \_\_\_\_\_  
name: \_\_\_\_\_  
number, street: \_\_\_\_\_  
zip code, place: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
phone: \_\_\_\_\_  
nationality \_\_\_\_\_

reason for my membership application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree with the statutes of SOS Radicalisation a.s.b.l. and comply with the storage of my personal data, in order to facilitate the administration of the members :

Yes No

membership accepted by the board of administration on: \_\_\_\_\_

I'd like to receive informative e-mails about SOS Radicalisation a.s.b.l. and respect.lu – Centre contre la radicalisation. I hereby agree that my e-mail address will be stored for this purpose:

Yes No

Place, date: \_\_\_\_\_

signature: \_\_\_\_\_

please e-mail to [admin@respect.lu](mailto:admin@respect.lu)