

**RECEIPT No.....**

**APPLICATION FOR MEMBERSHIP**

**To:**

**The General Secretary  
Algerian Society in Scotland,  
c/o ASRA Project  
39 Napiershall Street,  
Glasgow  
G20 6E2**

**I would like to become a member of the ASIS. I agree to abide by the rules and regulation of the Society.**

**Full Name (in capital):.....**

**Address:**

.....  
.....

**Post code.....**

**Email:.....**

**Telephone.....**

**Method of Payment (tick)**

**Cash..... Cheque.....**

**Signed .....**

.....**Date.....**