



MEMBERSHIP FORM

FOR OFFICE USE ONLY		Membership number:		*Published in Membership Directory	
Type of Membership (select one):					
<input type="checkbox"/> Regular (at least 18 years of age, non-Dutch citizen)			<input type="checkbox"/> Associate (Dutch citizen)		
Last Name *			First Name *		<input type="checkbox"/> M <input type="checkbox"/> F
Address *		Postcode *		City *	
Mobile phone *		E-mail*			
Nationality *		Birthdate (day/mo/yr)		I am an employee of:	
				<input type="checkbox"/> Tilburg University	
				<input type="checkbox"/> Rhenus Logistics	
Partner Last Name *		Partner First Name *		<input type="checkbox"/> Tesla	
				<input type="checkbox"/> Other _____	
Partner's e-mail nationality*		Partner's e-mail address*			
Name of child(ren)		Birthdate (dd.mm.yyyy)		This data is used by tíc strictly to develop activities suitable for children and is not published or distributed in any form.	
When did you arrive in the Netherlands?			Total anticipated length of stay?		
How did you hear about the tilburg international club (tíc)?			Please indicate the activities in which you are interested:		
<input type="checkbox"/> tíc website <input type="checkbox"/> tíc Facebook page <input type="checkbox"/> tíc Instagram <input type="checkbox"/> Tilburg University intranet <input type="checkbox"/> Tilburg University HR <input type="checkbox"/> P&D Care <input type="checkbox"/> Holland Expat Center <input type="checkbox"/> Gemeente Tilburg/ City of Tilburg <input type="checkbox"/> Internet search <input type="checkbox"/> Friend/colleague: _____ <input type="checkbox"/> Other: _____			<input type="checkbox"/> Book Club <input type="checkbox"/> Tours <input type="checkbox"/> Activities with children <input type="checkbox"/> Exercise, such as _____ <input type="checkbox"/> Educational Topics subjects such as _____ Please indicate any other interests: _____ _____		
Helping Out: Our club is run entirely by volunteer members. Would you like to help us?		<input type="checkbox"/> Charity <input type="checkbox"/> Events	<input type="checkbox"/> Newsletter <input type="checkbox"/> Sponsorship <input type="checkbox"/> Social Media	<input type="checkbox"/> Membership <input type="checkbox"/> Website	<input type="checkbox"/> Publicity <input type="checkbox"/> Advertising
Do you have special skills you would like to share with us?					
By signing this form, I agree that I am at least 18 years of age and that I have read, understood and accepted the tíc Terms of Membership and Privacy Statement.					
Signature:			Date:		
Please send a scan or a CLEAR picture of your completed form to: til.int.club@gmail.com .					