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MEMBERSHIP APPLICATION

Name of office, agency, department or association:

Address: _____

ZIP: _____ **City:** _____

Country: _____

Telephone: _____ **Fax:** _____

E-mail: _____ **Website:** _____

hereby accepts WADMO statutes and would like to become a member of WADMO.

Authorized official¹: _____

Title: _____

Date: _____ **Signature:** _____

Contact personne: _____

Title: _____

Telephone: _____ **Fax:** _____

E-mail: _____

1 The application to WADMO should be endorsed by the authorized official of the government or institution whose function is to manage public debt.