

European Seniors Basketball Association (ESBA)

Application to become to a member of European Seniors Basketball Association (ESBA)

| Date: | |
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| Name: | |
| Surname: | |
| Address: | |
| Contact info: | |
| Mobile phone: | |
| WhatsApp: | |
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| Please admit me,, to membership of European Seniors Basketball Association Signature | on. |
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| Signature Translated fragment from statutes of European Seniors Basketball Association (ESBA) 12. Rights of members of the Association does not differ from those provided under the Law on | |
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