



Membership form (version 2015)

1st Adult:

Name: _____ Surname: _____

Gender: F M date of birth: _____ Profession: _____

2nd Adult:

Name: _____ Surname: _____

Gender: F M date of birth: _____ Profession: _____

Children: name/date of birth: _____

Address :

Street: _____ Nr: _____

Postcode: _____ City: _____

Province: _____ Telephone 1: _____ Telephone 2: _____

E-mail 1: _____ E-mail 2: _____

Authorisation signed, date: _____ **HOST DAYHOST TRAVELER**

Hosts and Dayhosts: please fill in for publication in the dutch hostlist

Hostlist NL:

Travel description from NS station: _____

Bus tram metro nr. _____ Direction: _____

Name of bus/tram/metro stop _____

How to be notified: write phone email no prior notice

How long prior to the visit? _____ days weeks

How many persons can you host? _____ persons

Please choose how to mention your preferences:

FAM yes no

vegetarian yes no longstay yes no

no-smoke yes no WCA (wheel chair access) yes no

sleepingbag yes no WMT (want more travellers) yes no

sheet yes no YLOI (age 14-17 welcome) yes no

Languages fluently/well spoken: _____

Travel experience: _____

Hobby's: _____

Lived in: _____

Member of: _____

Personal message: _____

Name and signature of interviewer: _____

Date: _____