

AVALB Membership Voucher:

Name: _____

Surname: _____

Address: _____

Tel\Fax: _____

Type of
business: _____

This Membership Voucher certifies that the above-written person had paid _____ to
become a member of AVALB for a period of _____.

Signature of payer

Executive Director

Zyhdi Teqja

Tirana, _____

The Membership Card is invalid without this Membership Voucher.