**Official letterhead of Society/Institution/Organization**

**President of HWBs – Health Without Barriers**

**European Federation of Prison Health**

Dr Fadi MEROUEH

8 rue Marguerite Yourcenar

34430 Saint Jean de Védas France

Tél et whatsapp: +33788014332

Place........................., Date.....................,

On behalf of .....................................

I request to renew our membership to HWBs – Health Without Barriers for the year 2019, enjoying the full rights that Regular Members of HWBs are entitled to and respecting the obligations that membership brings with it, including agreeing with to HWBs’ Constitution.

Moreover we appoint ...................................................................... as Reference Person from ................................................................................ to be nominated in HWBs Board of Directors.

*(Chief Executive/CEO or Delegate)*

*SIGNATURE*

IBAN **FR38 3000 2071 2600 0000 0699 E09**

Code B.I.C. **CRLYFRPP**