



BABAYLAN-DENMARK
The Philippine Women's Network in Europe

Membership Application Form

Name: _____

Status: Single Married Divorced

Name of spouse, if married: _____

Number of children, if any: _____ Ages of children: _____

Immigration Status: Resident Tourist Student Au pair

Date of Birth: _____

Place of Birth: _____

Address: Street, number: _____

Post Code: _____ City/Kommune: _____

Telephone number: Landline _____ Mobile _____

Email address: _____

Languages/dialects spoken: Filipino English Danish

Others: _____

Hobbies, interests, sports: _____

Which of the following Babaylan-DK activities are you interested in? (please check)

- Creating a safe and supportive social environment
- Promoting personal development and empowerment
- Promoting health and wellbeing
- Promoting Filipino culture
- Integrating into Danish society
- Upholding the rights of Filipino women abroad

Tell us more about yourself. (*Length of stay in DK, work, family, education, etc.*)

Suggestions/Expectations (*What do you expect Babaylan DK to do for you in terms of activities?*)

How did you learn about us?

Babaylan website Facebook Referral/word of mouth

ABAKADA newsletter Activities, seminars, conferences

Other: _____

By returning this membership form to Babaylan DK, I promise to abide by the organization's rules and regulations as set out in its Constitution.

Name and Signature

Date and Place

Payment Method

Bank transfer EIK Account # 6610-2494890 Please mark: MEMBERSHIP FEE

Personally: Please contact any of our Board Members for information