



Disability Intergroup
Support and membership form
2019-2024

I, (name and surname), Member of the European Parliament for the term 2019- 2024 hereby certify that (*check appropriate boxe(s) – in case of doubt contact alejandro.moledo@edf-feph.org*):

I wish to join the Disability Intergroup as a member

Signature:

Email of the responsible staff member (*when applicable*):

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