



MEMBERSHIP FORM

Member since

LASTNAME Mr. First Name Company name Function Date of birth Nationality Phone number (home) Phone number (Mobile) E-Mail In which countries have you lived

LASTNAME Mrs. First Name Company name Function Date of birth Nationality Phone number (home) Phone number (Mobile) E-Mail In which countries have you lived?

ADDRESS City Zip code

CHILD(ren) under 18 years : First name Date of birth First name Date of birth How did you find out about our association?

Annual membership fee: 45€ for a family or 32.50€ for a single person, student rate 15€. Please return the completed membership form to contactaiw49@gmail.com and sent your contribution by bank transfer on our bank account Crédit Agricole IBAN : FR76 1790 6000 3216 3640 1500 013 BIC : AGRIFRPP879

I am interested in the following activities (tick the box):

- Cultural Visits Afternoon Tea Lunch Time Cinema Book club (in French) Industrial tourism Walking/Hiking

I agree that my personal details are being registered in the members file, with restricted access, available via the AIW website in the "annuaire" tab of the web site www.aiwangers.com

I authorise I do not authorise AIW to use the photos in which I (or my children) appear for publication.

