



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: 40 € for a family or 30 € for a single person.
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.

