

MEMBERSHIP FORM

LAST NAME Member	1	First name
Company		Position
Date of Birth		Nationality
		e-mail
n which country(ies) ha	ve you previously lived?	
LAST NAME Member	2	First name
Company		Position
Date of Birth		Nationality
		e-mail
n which country(ies) ha	ve you previously lived?	
ADDRESS		
City		Zip Code
CHILD(REN) under 18	vears old:	
	•	e of Birth
-irst name	Date of Birth	
How did you find out al	oout our association?	
TYPE OF MEMBERSHI	IP (tick the box)	
□ Individual membersh	nip : 32,50 €	
☐ Family membership	: 45 €	
⊐ Student membership	: 15 € (please attach p	proof)
contribution by bank tra	oleted membership form to <u>con</u> ansfer on our bank account. FR76 1790 6000 3216 3640 1500 0	ntactaiw49@gmail.com and sent your D13 BIC : AGRIFRPP879
Lam interested in the t	following activities (please tick):	
•	•	☐ Afternoon tea ☐ Theater
	_	☐ Book Club (in French) ☐ Industrial Tourism
		DOOK Club (III FIEHCH) LI Haustrat Tourisiti
☐ Walking/Hiking		
☐ Walking/Hiking	_ Grieffid	
☐ Walking/Hiking☐ Other:		

