



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?

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

