



MEMBERSHIP FORM

ANGERS INTERNATIONAL WELCOME

Inscription date.....

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

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

ADDRESS

Town Zip code

CHILD(REN) less than 18 years old:

First name Date of birth:

First name Date of birth:

First name Date of birth:

First name Date of birth:

Membership fee: 40 € for a family or 30 € for a single person per calendar year.
 Please return your membership form to contact@aiw-angers.com
 and your bank transfer to:
 Credit Agricole
 IBAN : FR76 1790 6000 3216 3640 1500 013
 BIC : AGRIFRPP879

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Cultural Visits | <input type="checkbox"/> Afternoon Tea | <input type="checkbox"/> Lunch Time |
| <input type="checkbox"/> Cinema | <input type="checkbox"/> Book Club (in French) | <input type="checkbox"/> Industrial tourism |

I agree to appear on the AIW directory, **accessible only to members**, and available on our website: www.aiwangers.com.