



# Membership Application

## Applicant Information

Last Name: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Address: \_\_\_\_\_

Postal code: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email: \_\_\_\_\_

Your bill will be sent to your email address by default

Criminal record clearance attached (Extrait du dossier judiciaire)

**I have read the membership rules and agree to abide by them**

**Place, date and signature.**

\_\_\_\_\_

Thank you  
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