

EUROMAYENNE MEMBERSHIP FORM: 2018-2019

	SPOUSE / PARTNER										
Title:	Mr.	Mrs.	Ms.	Other		N	Лr.	Mrs.	Ms	Other	
Surname:											
Forename:											
Profession:											
Date of birth:											
Nationality:											
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Child's forenam				Surname if o				Date of			
Child's forenam	ne:			Surname if	different			Date of	birth:		
ADDRESS:											
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Landline * :					Mobile	① :					
Email:			(7)	1						
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ccept the processing											
♣ Signature						Date					
Payment by gned to the Tr	-				•				•	-	
Money trans	s fer , us	se the fo	ollowi	ng referen	ce "coti	sation 2018-	-20	19" Su	rnam	e and Fo	rename
orm duly compeptember.	pleted,	signed	and s	ent to rose	lyne.spe	eyer@orang	e.fr	. Mon	iey tra	ınsfer as	from 1st

Euromayenne IBAN: FR76 1790 6000 9010 8783 8600 003

♣ Mandatory consent as per GDPR