Full details are at [www.euromayenne.org](http://www.euromayenne.org/) follow Language Activities >> French Lessons

These courses are for EuroMayenne members only; EuroMayenne reserves the right to amend or discontinue any course.

Please complete a separate form for each person wishing to enrol

(IN CAPITAL LETTERS PLEASE)

|  |
| --- |
| SURNAME : |
| First Name: |
| Address: |
|  |
| Phone numbers - landline: mobile: |
| Email address: |

I confirm that I have been offered a place on a course, following discussion with the lesson’s coordinator \* 

I now wish to enrol and will follow the procedure mentioned below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ~~First half~~ | ~~✓~~ | ~~Second half~~ | ~~✓~~ | Whole term | ✓ |
| Beginners, Thursday a.m. | *(Whole term only)* | | | | € 80 |  |
| Intermediate, Tuesday a.m. | *(Whole term only)* | | | | € 110 |  |
| Intermediate Plus/Advanced,  Tuesday p.m. | *(Whole term only)* | | | | € 110 |  |
| Advanced Plus, Thursday p.m. | *(Whole term only)* | | | | € 80 |  |

I have already paid my EuroMayenne membership subscription for 2024-2025 

or I am today sending my membership form for 2024-2025 to Simon King\*\*

**Please send your completed enrolment form BY EMAIL to the following address** [**frenchlessons@euromayenne.org**](mailto:frenchlessons@euromayenne.org) **and transfer payment for your lessons to the EuroMayenne account:**

* **IBAN:** FR76 1790 6000 9010 8783 8600 003 **BIC** AGRIFRPP879
* **Please ensure that you include a payment reference of ‘SURNAME, FIRST NAME, COURSE**

\* See webpage for contact details

\*\* See Simon’s address on the membership form

**Please note that course refunds (either full or partial) will only be considered in exceptional circumstances.**

|  |  |  |
| --- | --- | --- |
| **MEMBER** | | **SPOUSE / PARTNER** |
| Title: Mr. Mrs. Ms. Other | | Mr. Mrs. Ms Other |
| SURNAME: | |  |
| First Name: | |  |
| Profession: | |  |
| Date of birth: | |  |
| Nationality: | |  |
| **Children** **under 18 living at home** if applicable: *(Continue on the back of this form if more than two)* | | |
| Child’s first Name: Surname if different: Date of birth: | | |
| Child’s first Name: Surname if different: Date of birth: | | |
| ADDRESS: | | |
| Landline : | Mobile : | |
| Email: @ | | |

**Membership Tariffs: from 1st September 2024 to 31st August 2025**

YOUNG PERSON < 25 years old on 1.9.2024 **€10**

INDIVIDUAL: 1 Person **€15**

FAMILY: Couple or a Monoparental family with their child(-ren) <18 years old living at home **€25**

COMPANY / ASSOCIATION **€50**

**Those joining for the first time (not renewing their membership) between 1st March and 30th June 2025**

**PAY HALF PRICE**

**Those joining for the first time between 1st July and 31st August 2025, pay the full annual fee,**

**which is then valid until 31st August 2026.**

The information provided here is necessary for the processing of your membership. The data will be held in a secure software system and managed by the membership secretary (Simon King). The data will **only** be used to inform you of various EuroMayenne projects and activities; it will also be made available to the President, the Executive Committee and those responsible for the various group activities. In the event of non-renewal, all personal data, apart from your name, will be deleted from the system one year after your membership lapses.

In accordance with the law “Information Technology and Liberties” of 6th January 1978 modified and to the European Regulations 2016/678/UE of 27th April 2016, you benefit from the right of access, of amendment, of portability and of the deletion of your data. If you wish to exercise this right and view the information concerning yourself, please contact Simon King at [adhesions-membership@euromayenne.org](mailto:adhesions-membership@euromayenne.org)

I accept the processing of my personal data as mentioned above **☐**

**** Signature …………………………… Date ………....………………..

☐ **Money Transfer AFTER 1st SEPTEMBER**, with compulsory reference: your Surname & First Name followed by “cotisation 2024-2025”. Your form is to be sent, duly completed & signed, to

[**adhesions-membership@euromayenne.org**](mailto:adhesions-membership@euromayenne.org)

**EuroMayenne IBAN:** FR76 1790 6000 9010 8783 8600 003