

EUROMAYENNE MEMBERSHIP FORM 2024-2025

	MEMBER							SPOUSE / PARTNER				
Title:	Mr.	Mrs.	Ms.	Other		Mr.	Mrs.	Ms	Other			
SURNAME:												
First Name:												
Profession:												
Date of birth:												
Nationality:												
Children ur	nder 18 liv	ing at ho	me if app			pack of this form i						
Child's first Na	ame:			Surname	if different:		Ι	ate of b	irth:			
Child's first Name:				Surname	if different:		I	ate of b	irth:			
ADDRESS:												
Landline 2 :					Mobile	() :						
					1,100110	·						
Email:				@								
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MPANY / AS	e <u>or</u> a Mo SOCIAT	TION first tir	ne (no	t renewing <u>PAY</u>	their mem	ibership) betw ICE	een 1 st I	<u> </u>	and 30 ^t	€2 €5		
MPANY / AS	e <u>or</u> a Mo SOCIAT	TION first tir ne first	ne (no time l	t renewing <u>PAY</u> petween 1 st	their mem HALF PR July and 3	ıbership) betw	een 1 st l	<u> </u>	and 30 ^t	€2 €5		
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EuroMayenne IBAN: FR76 1790 6000 9010 8783 8600 003