

S'ENVOLER AVEC ANDRES (SAA ASSO)



Membership Form 2019

Member N°: _____

(To be completed by the Association)

Association subject to the provisions of the French law dated 1st July 1901 and the decree of 16 August 1901

Family name:

First name(s):

Birth Date: / /

Address:

Postal Code: City:

Phone #: Cell Phone #:

E-mail:@.....

I hereby declare that I wish to become an **Adherent Member** of the Association *S'envoler Avec Andres*

The first name of the child by whom I became familiar with the Association is:

As such, I declare that I acknowledge the purpose of the Association and accept its bylaws and internal regulations (available on www.association.gouv.fr and on the Association's website). I have taken due note of the rights and duties of the members of the Association and agree to pay my membership fee for the current year.

I confirm my registration by paying the contribution of **30 € (Thirty Euros)**, payable:

In Cash

By check payable to the Association «*S'envoler avec Andres*»,
Check N° Bank Name:

By bank transfer to the Association on the date of .../... /... to Société Générale Chambourcy
National bank account ID – IBAN : FR76 3000 3019 0400 0372 8113 233 – BIC : SOGEFRPP

Signed in (city)....., on (date) / /

TO RETURN:

By mail : 16, rue du Clos,
78240 -Aigremont - France

By e-mail: senvoleravecandres@gmail.com

SIGNATURE:

(Preceded by the words "Read and approved")

The information gathered is necessary for your membership. In accordance with the French law "Informatique et Libertés" of 6 January 1978, you have the right to access and rectify your personal data. To exercise this right, please contact the Association (details below).