



ANNUAL MEMBERSHIP APPLICATION FORM

Family Name and Forename(s)

.....
.....

Address.....

.....

Telephone**Email address**

Please indicate whether you wish for a single or a family membership

Single membership is **10€**. Family membership is **16€** (includes children up to 18 years old)

Subscriptions are due annually on **1st September**

Date and place of birth for each member

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.....
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Signature.....

Pay by **bank transfer or cheque**

Bank transfer: ASS.FRANCO BRITANNIQUE. IBAN: FR76 1551 9390 6700 0204 6810 156 BIC: CMCIFR2A (include your name as reference) **OR** a **cheque** payable to **AFB Moutiers**.

Send the completed and signed application form and cheque where applicable to:

M. David Taylor
7, rue du Maréchal Foch
85560 Longeville-sur-mer

Email: dave.taylor@orange.fr

For use by the treasurer

Payment:

Method:

Date