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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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:

Mdm. Nelly Roy
28 rue des Plantes
85540 le Champ St Père

Email: nelroy85@orange.fr

For use by the treasurer

Payment:
Method: ***Date***