

**MEMBERSHIP FORM**

Mr                       Mrs

LAST NAME : .....

FIRST NAME : .....

ADDRESS : .....

ZIP CODE : .....

CITY : .....

PHONE NUMBER : .....

MOBILE PHONE NUMBER : .....

EMAIL : .....

MEMBERSHIP FEES :

- Membership: 30 €uros
- Host families, apartment owners : 40 €uros
- Donor : 50 €uros
- Benefactor : 60 €uros
- Sponsor: \_\_\_\_\_ €uros

*Within the framework of the French Data Protection Act N°78-17 (CNIL) and European Regulation N° 2016/679/EU (applicable as of May 25, 2018), we inform you that your data is confidential and protected. They can be deleted upon request.*

Place : ..... Date : .....

Signature :

Thank you for sending us your membership form completed by  
Email : [contact@afrouen.org](mailto:contact@afrouen.org)

Post :  
 Alliance Française de Rouen-Normandie  
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 76000 Rouen