



MEMBERSHIP FORM

RECORDED BY :

Date :/...../.....

Last Name : First Name :

Address : N°

Zip : City :

Cell Phone :/...../..... Date of birth :/...../.....

e-mail :

- New member
- Old member → N° of member:
- Child member (maximum 12 years old)
- Wife / companion member

« Hereby, I become a member of the Milan Club Charleroi and I accept the membership convention, which is given to me today, in its entirety. »

Signature + « read and approved » mention