



MEMBERSHIP FORM

ANGERS INTERNATIONAL WELCOME

Member since.....

NAME Mr First Name.....
 Company name Function
 Date of birth Birthplace
 Nationality Hobby
 Languages spoken
 Phone number (home) Phone number (Mobile)
 E-Mail
 In which countries have you lived

NAME Mrs First Name.....
 Company name Function
 Date of birth Birthplace
 Nationality Hobby
 Languages spoken
 Phone number (home) Phone number(Mobile)
 E-Mail
 In which countries have you lived?

ADDRESS

 Town Zip code

CHILDREN:
 First name Date of birth:
 First name Date of birth:
 First name Date of birth:
 First name Date of birth:

Annual membership fee : 40 € per family /per calendar year
 Please send the completed membership form and check payable to AIW to:
 AIW – 14 place Imbach
 49100 Angers
 Phone: 02 41 23 10 11

I am interested in the following activities (tick the box):

- Cultural Visits Afternoon Tea Lunch Time
- Cinema Bookclub (in French)
- Industrial tourism Lunch in French for non-French-speaking members

I agree to my details being registered in the members file, **with restricted access**, available via the AIW website in the "annuaire" tab of the web site www.aiwangers.com