

REQUEST FOR MEMBERSHIP TO THE ASSOCIATION BELGE DES AMIS DE SAINT-JACQUES DE COMPOSTELLE

Identification number: 28880/86 Enterprise number: 0432.540.222

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, the undersigned, request to be part of the association							(in	block letters , please)	
Civility:	Mr.	.* Mrs* N	Miss*						
Name:									
First name:			T						
Date of birth:		/ /	Nationality:				1 .		
Address (street, n°):							n°:		
Postal code:			City:			Γ.	Country:		
E-mail:						Phone:			
Profession:									
Spouse/Partner <i>(requ</i>	<u>ieste</u>	d for family	subscriptions)						
Name:									
First Name:									
Date of birth:		/ /	Nationality:			Γ			
E-mail:				Phone:					
Subscription starting on		January 1st	April 1st		July 1st		October 1st		
Sending of the Pecten:		Mid-March	Mid-June		Mid-September		Mid-December		
	/12/1992 concerning the p		Send thi Mr. Jear Chemin ilcfg.lieu	w membership and inform you of our activities. You have the right to rivacy). This information will not be passed on to third parties under Send this document back to the secretary: Mr. Jean-Louis LIEUTENANT, Chemin de Louvranges, 36 - 1300 WAVRE - BE ilcfg.lieutenant@gmail.com Phone: +32 475 560 449					
Framework reserved to to Secretary Member ID: -	he As	sociation		Treasul Rece Cash Visa:	ived: €	, on Electronic Name:	/ /20	······	
the state of the s		FOR MEMBERS	give it duly completed a SHIP TO THE ASSOCI ntification number: 288	ATION BE	LGE DES A		CQUES DE	COMPOSTELLE	

Head Office : Rue Royale, 52 - B 7333 TERTRE <u>www.st-jacques.be</u> <u>amis@st-jacques.be</u>

Signature:

the sum of € as a subscription for one calendar year.

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