

MEMBERSHIP FORM

to be sent by mail

Legal persons, please go to page 2.

Mr. Ms.

Last Name/Surname :

First Name :

Address line 1 :

Address line 2 :

City : Zip Code : Country :

Home Phone Number : Mobile number :

Email:

I confirm that I have received a copy of the statutes of Orgue en France. I consent to be a member and agree to be bound by its statutes.

Signature Date

Member: 20 € < 25 yo : 5 € Benefactor – starting at 100 € : €

Bank transfer (IBAN : FR7630066101210002006470178 / BIC : CMCIFRPP)
(Beneficiary : ORGUE EN FRANCE)

UNDERWRITING FORM

(legal persons)

to be sent by mail

Details of the organisation

Name:

Non-profit For-profit

Address line 1 :

Address line 2 :

City : Zip Code : Country :

Website :

Details of a representative

Last Name : First Name :

Phone number : Mobile number :

Email :

We confirm that we have received a copy of the statutes of Orgue en France. We consent to be an underwriter (non-voting member) and agree to be bound by its statutes.

Signature Date

Underwriter (starting at 20 €) : Amount : € (euros)

Bank transfer (IBAN : FR7630066101210002006470178 / BIC : CMCIFRPP)
(Beneficiary : ORGUE EN FRANCE)

Please send me an invoice