



Association pour la sauvegarde de la Biodiversité

Membership Form

(to become a member, please complete and return this form to the association with your payment)

Mr Mrs Miss

Surname: Given name:

Date of Birth:

Address : N° Str.

PC City:

Country:

Phone number: Mobile number:

E-mail : @

Job /Activity (optional):

Date of registration for the year :

Donation (*choose the amount*) :

Regular member 20€

Sponsoring member 50€ or above

Please indicate the amount €

Mode of payment :

Cheque Cash

Date: _____

President's Signature

Member's Signature
(for teenagers, parents' signature)