

THE CALEDONIAN SOCIETY OF FRANCE

APPLICATION FOR MEMBERSHIP
or
SUBSCRIPTION RENEWAL

Please complete as applicable.

SINGLE MEMBERSHIP

Full name: (Mr. Mrs. Miss / Ms) _____

Occupation: _____

FAMILY MEMBERSHIP

Full names: (Mr. Mrs. Miss / Ms) _____

Occupation(s): _____

Children under 18 years: _____

ADDRESS: _____

TELEPHONE: _____

e-mail: _____

Date

Signature

Annual Subscription Rates – Due 1st January

Single Membership: 15 Euros

Family Membership: 20 Euros (includes children under 18)

Please send the completed form together with a cheque made payable to “The Caledonian Society of France” to the Secretary:

Mr Patrick Shuttlewood
7 rue des Pierres
92190 Meudon
Tel: 01 45 07 06 76
e-mail: patrick.shuttlewood@gmail.com

Committee Approval: _____

Date: _____