

THE CALEDONIAN SOCIETY OF FRANCE

APPLICATION FOR MEMBERSHIP

or

SUBSCRIPTION RENEWAL

2019

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(s)

Annual Subscription Rates – 2019

Single Membership: €15

Family Membership: €20 (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

Committee Approval: _____

Date: _____