



ENGLISH-SPEAKING UNION

discovering voices

ASSOCIATE MEMBERSHIP APPLICATION FORM 2019

(open to any person(s) who resides in the Department of "Maine et Loire" (49) and in adjoining Departments, for less than six months in a calendar year)

Please complete this form in full and return it with your cheque, payable to ESU Loire Valley, to Jackie Sheppard, Secretary ESU Loire Valley, La Frippiere, Chigné, 49490 Noyant Villages.

Email: sheppardjohn@orange.fr

I/We would like to apply for Associate Membership of the ESU Loire Valley

2019 Subscription Rates: 12 Euros PER PERSON

Number of Persons applying for membership =

TOTAL ENCLOSED = Euros

Please complete in full in CAPITAL letters

Name(s):

Address:

Post Code: Ville:

Telephone Number:

Mobile Number: E-mail:

In line with Data Protection legislation, please indicate below:

- I PERMIT my information to be revealed to other members of the ESU Loire Valley at their request.
I DO NOT WISH my information to be revealed to other members of the ESU Loire Valley UNLESS I have specifically authorised a duly elected member of The Bureau to do so.

Signed:

Date:

Signed:

Date: