



MEMBERSHIP FORM

MEMBER

Ms Mr

Last name :		First name :
Postal address :		
Phone :	Fax :	Email :
Job title :	Birth date :	

PROPOSER *(if any)*

Ms Mr

Last name :		First name :
Postal address :		

INFORMATION ABOUT YOUR DOG(S) *(if you've got some)*

Name :	Birth date :	Identification	Stud Book	Breed
1.				
2.				
3.				
4.				
5.				

SUBSCRIPTION *(select only one)*

Active member		Benefactor member	
<input type="radio"/> Active member France	32 €	<input type="radio"/> Benefactor member France	48 €
<input type="radio"/> Active member DOM/TOM or abroad	37 €	<input type="radio"/> Benefactor member DOM/TOM or abroad	56 €
<input type="radio"/> Spouse of active member	8 €	<input type="radio"/> Spouse of benefactor member	12 €

I READ AND APPROVE THE STATUTES AND THE RULES OF PROCEDURE OF THE «CANAAN CLUB DE FRANCE».
(The current statutes and rules of procedure of the «Canaan Club de France» are available on the website www.canaanclubdefrance.fr, or on demand).

Subscription charge :	Subscription year :
Place :	Date signed :

SIGNATURE

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SPACE RESERVED

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PLEASE RETURN THIS FORM WITH SUBSCRIPTION TO THE «CANAAN CLUB DE FRANCE»
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