



Membership Application Form

NAME	-	<input type="text"/>
STREET ADDRESS	-	<input type="text"/>
CITY	-	<input type="text"/>
POSTCODE	-	<input type="text"/>
REGION	-	<input type="text"/>
COUNTRY	-	<input type="text"/>
PHONE	-	<input type="text"/>
MOBILE	-	<input type="text"/>
EMAIL	-	<input type="text"/>
DATE OF BIRTH	-	<input type="text"/>
INTRODUCED BY	-	<input type="text"/>
PROFESSION	-	<input type="text"/>
NATIONALITY	-	<input type="text"/>
OTHER CLUB MEMBERSHIPS IN THE REGION?	-	<input type="text"/>
DO YOU HAVE ANY SPECIAL SKILL OR INTEREST?	-	<input type="text"/>
HOW DID YOU FIND US?	-	<input type="text"/>
WHAT WOULD YOU LIKE TO ACHEIVE THROUGH THE CLUB	-	<input type="text"/>
WHAT WOULD YOU LIKE TO CONTRIBUTE?	-	<input type="text"/>
TODAYS DATE	-	<input type="text"/>

Please send the form by mail to the address below or hand to your sponsor

Memberships Manager
International Club of the Riviera
6 Ave. Lt. Ecochard 06200 Nice
info@internationalclub.fr www.internationalclub.fr
Phone: 04 93 72 11 89