

CLE- NEW MEMBER APPLICATION FORM 2024

(Please write in BLOCK capitals throughout)

Association No.W163001445

Family name:				
First Names *				
Address:				
Postcode: Town:				
Tel:				
Email:				
Date of application:				
Signature (if sending printed copy)				
Where did you hear about CLE?				
(*Membership covers all persons in your household. Please enter first names of all eligible. We also like to send a little something on your birthday so if you are happy to, please let us know when that is)				
Initial joining fee is €25 per household. If you join after 30 th September you are covered until the end of the following year. (After year one, membership is reduced to €20 per household.)				
Receipts will be acknowledged.				
Thank you.				
PAYMENT OPTIONS (Please tick appropriate box)				
ONLINE:				
Make an online payment of €25 to our Crédit Agricole account IBAN: FR76 1240 6001 1000 1889 2550 530				
Email this (completed) form to contact@cle-france.com				
BY CHEQUE:				
BY CHEQUE: Post this form, with your cheque for €25 made out to CLE, to:				
Post this form, with your cheque for €25 made out to CLE, to:				

Office Use Only:	Rcvd:	Wix:	Mail:	Db:
------------------	-------	------	-------	-----