



Application

Name: _____

Name: _____

First Name: _____

First Name: _____

Date of birth: _____

Date of birth: _____

Nationality: _____

Nationality: _____

Civilian status: _____

Civilian status: _____

Profession: _____

Profession: _____

Company: _____

Company: _____

Private Address: _____

Telephone N°: _____ Mobile: _____

Email: _____

Beginner: _____

Beginner: _____

Handicap: (0-36) _____

Handicap: (0-36) _____

English agreement

Contrat Français

Nature of contract and starting date: _____

1. Please attach a passport photograph for your membership card.
 2. Please enclose, if applicable, a copy of your Handicap Certificate.
 3. Copy of ID.

Date: _____

Signature(s): _____