



Association Franco Anglaise

Maison des Associations
61bis rue Paul Doumer 17200 Royan
1 rue des Vergnes 17600 Saujon

www.afa17.com (statutes and internal regulations)

MEMBERSHIP FORM 2026

SUBSCRIPTION : 15 euros per member

RENEWAL (*already a member in 2025*) OR NEW MEMBERSHIP
Tick one of the two boxes

How did you hear about AFA ?

| | Member 1 | Member 2 (living at the same postal address) |
|----------------------------|----------|-------------------------------------------------|
| FAMILY NAME | | |
| FIRST NAME | | |
| Mobile phone | | |
| E mail | | |
| Mother tongue | | |
| ADDRESS | | |
| POST CODE TOWN | | |

Payment of Euros (15 or 30 €) ; tick one of the boxes below

| | |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | I send this form with a cheque made payable to Association Franco Anglaise : Christine Dale, 18 route du Billeau, 17920 Breuillet |
| <input type="checkbox"/> | I wish to pay by bank transfer ; I send this form to the above postal address or as an attachment to an email to crdale@orange.fr and I will receive a RIB by return |
| <input type="checkbox"/> | I pay in cash by hand only |

In accordance with the GDPR : I voluntarily provide this personal data and authorize the AFA to use it within the association for communication and the proper functioning of the association.

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| I agree that my contact details may be shared with other AFA members and included in the AFA directory (Name, First Name, Phone, Email, Town) : | <input type="checkbox"/> YES or <input type="checkbox"/> NO |
| I agree that any photos in which I am recognizable, taken during the association's activities, may be shared within the association : | <input type="checkbox"/> YES or <input type="checkbox"/> NO |

Date :

| Signature member 1 | Signature member 2 |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

To be filled out by the AFA office :

Member number(s): 2025 –

Amount: Euros by Cheque / Cash / Bank Transfer