

REGISTRATION FORM

Last name*: _____

First name*: _____

Address*: _____

Postal code*: _____ City*: _____

Secondary address: _____

Postal code: _____ City & country: _____

Phone number: _____

Email address: _____

Nationality*: _____

Would you like remote access to consult your membership?
If so, give us a user name and we will give you a password.

User name : _____

Password (given by staff): _____

THANK YOU! The staff will fill out the back.

(* = required field)