

REGISTRATION FORM Patron #

Last name:

First name:

Address:

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Postal code:

City:

Mobile phone:

Land line:

Email address:

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Nationality:

J'autorise la Bibliothèque Anglophone d'Angers à utiliser mon adresse courriel pour m'envoyer des messages concernant les activités de la bibliothèque.

I authorize the English Language Library in Angers to use my email address to send me messages about the library activities.

Signature: