

MEMBERSHIP FORM

2020

MEMBER

Name : _____ First name : _____

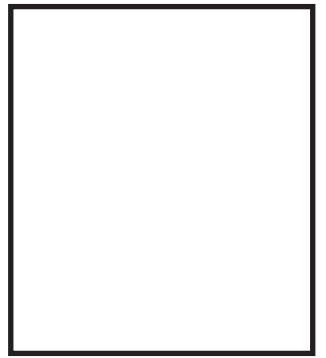
Birth-date : _____

Address : _____

Zip code : _____ Province : _____ Country : _____

Mobile phone : ____ / ____ / ____ / ____ / ____ House phone : ____ / ____ / ____ / ____ / ____

E-mail : _____ @ _____



PARENTAL AUTHORITY

Name : _____ First name : _____

Address : _____

Zip code : _____ Province : _____ Country : _____

Mobile phone : ____ / ____ / ____ / ____ / ____ House phone : ____ / ____ / ____ / ____ / ____

The complete fee is 20 euros for this year.

Payment made by : cheque (payable to UP FROM BASKETBALL)

☐ Cash

☐ Exempt

☐

You will receive a copy of your membership form after payment .

Date : _____

President's signature

Member 's signature

(Or one your parent if you are under 18 years old)