



## MEMBERSHIP SUBSCRIPTION FORM

### Identification

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Last name*	
First name*	

Date of birth	
Country of birth*	
Country of nationality*	

### Contact details

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Email*	
Mobile phone*	
Other phone	
Address*	
Zip*	
City*	
Country of residence*	

\*Mandatory

Individual : 30 euros       Couple : 50 euros

Student\* : 15 euros euros      \* only with student card

By submitting this form I, the undersigned, agree to the above and express my wish to become a member of LUkraine asbl. By signing this form, I confirm that I have read and agreed with the statutes of the Association.

I do / do not wish to receive news, updates, and/or other type of communication related to the activities of LUkraine asbl to the above indicated email address. (Please circle appropriate selection)

This form should be sent back **by post** to LUkraine ASBL, 83 rue de Bettembourg, L-3320 Berchem

Signature

Date



## Bank details

LUkraine ASBL

IBAN : LU48 0019 4355 7152 8000

BIC : BCEELULL

Please mention clearly: Last name First name - 30EUR - membership fee - YEAR

(Ex, for 2014/2015 type: "Smith John - 30 EUR - Membership fee - 2014")