



## Newsletter Membership

NAME :

FIRST NAME :

ADDRESS :

PHONE :

EMAIL :

MEMBERSHIP AMOUNT:

15,00€     10,00€ (upon presentation of proof)     other : \_\_\_\_\_ € (with office approval)

MEANS OF PAYMENT :     Check     Cash

MEMBERSHIP FOR THE YEAR : 20 \_\_ \_\_

*Your membership expires at the end of the calendar year indicated above*

- I authorize the Flash Our True Colors association to inform me by SMS of any event concerning it.
- I authorize the Flash Our True Colors association to inform me by e-mail of any event concerning it.
- I authorize the association to publish photos of me in an associative context on the association's social networks and communication media in order to give visibility to its actions.

In accordance with article 6 of the statutes, all membership must be validated by the Board of Directors, which does not have to justify the refusal of membership.

DATED AT \_\_\_\_\_ ON \_\_ / \_\_ /20\_\_ \_\_

**SIGNATURE**



A BIEN ÉTÉ PAYÉ LA COTISATION D'ADHESION EN 20 \_\_ \_\_

le \_\_ / \_\_ /20\_\_

**SIGNATURE DU BUREAU**