

Membership Form 2024



Personal informations

Surname :		First name :	
Address :		City :	Postal code :
Email :		Phone number :	
Pronoun(s) : <input type="checkbox"/> he <input type="checkbox"/> she <input type="checkbox"/> they <input type="checkbox"/> other : _____			Birth date : _____/_____/_____
Gender : <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-binary <input type="checkbox"/> other : _____			

Charter

By becoming a member, I recognize the values of the fight against discriminations, in particular those against LGBTQIA+ people, but also the fight against discrimination in a broad sense as defended by the association Flash Our True Colors and as stipulated in its statutes. I agree to respect its values and not to participate in discriminatory behaviours.

In the space opposite, please write "Lu et approuvé" if you agree to respect the values mentioned above.	
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Membership Your membership expires at the end of the calendar year 2024

Method of payment : <input type="checkbox"/> cheque <input type="checkbox"/> cash	<input type="checkbox"/> I authorize the association to inform me by SMS of any event concerning it.
Amount : <input type="checkbox"/> 15€ <input type="checkbox"/> 10€ (upon presentation of proof) <input type="checkbox"/> other : _____ € (with admin approval)	<input type="checkbox"/> I authorize the association to inform me by Email of any event concerning it.
Administrators :	<input type="checkbox"/> I authorize the association to publish photos of me in an associative context on the social media and communication materials in order to increase visibility of its actions.

Any membership must be validated by the administrative council which is not obligated to justify the refusal.

SIGNED IN _____ ON ____/____/2024

SIGNATURE



Surname :	First name :
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has joined the association for the year 2024 on ____/____/2024

SIGNATURE

SIGNATURE