

Club Internacional d'Andorra

Application form - please complete in BLOCK CAPITALS.

Name:.....

Address:.....

.....

Telephone No:..... Fax No:.....

E-mail address:

Nationality:

Age range: 20-40 40-60 60-80 or date of birth.....

Languages spoken:/.....

...../.....

Interest(s):

All members are required to pay by DIRECT DEBIT on their bank account.

Membership fee per year: Individual member € 12,-- Couples € 24,--

Club Internacional d'Andorra

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DIRECT DEBIT AUTHORIZATION

I hereby give permission for my annual subscription to the Club Internacional d'Andorra to be directly debited to the following account

Name:.....

Bank:..... Branch:.....

IBAN No:

Signed: Date:

Please hand this form in at the coffee-morning, or post it to:

The Membership Secretary

Club Internacional d'Andorra

BOX 182, Credit Andorra

AD400 La Massana.