



## Become a Member

*Please complete this form and return it to :  
Solidaille, 16, rue Singer, 75016 Paris FRANCE*

### **Name and contact information**

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address (no. and street): \_\_\_\_\_

Postcode: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### **I would like to join Solidaille (minimum annual subscription fee of €30) :**

Please find enclosed a cheque made out to Solidaille in the amount of:

€30     other amount : € \_\_\_\_\_

### **Comments**

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

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