



MEMBERSHIP / PARTNERSHIP FORM

- To print, fill out, and sign joined by your dues / participation costs (1) to the order of the Association Imagine Tours.

I, the undersigned,

LAST NAME: FIRST NAME.....

COMPANY : POSITION:

ADDRESS :

ZIP / POSTAL CODE: CITY :

COUNTRY:..... TELEPHONE :

E-MAIL:..... WEB SITE:.....

Check the appropriate square(s):

Wish to be member (1) of **Imagine Tours** ° Wish to be a partner (2) of **Imagine Tours**

In this context, I am enclosing my dues / participation costs totaling (1)€, that qualifies me as a (1)..... Member for one year.

City where signed: Date Signature :

(1) **Gold Member:** more than 30 € ° **Silver Member:** 20€ ° **Active Member:** 15 €

(2) **Partnership:** Free. Upon acceptance and based upon respecting our charter to promote the Occitan language and culture of Provence and greater Occitania while providing an honest and high quality service to the public (please attach documentation from and full description of your organization).

Check the appropriate square(s) that corresponds to what information you would like to receive from the association. I would like to receive information:

only concerning the association / from other members & partners / in the region / Other _____

