MEMBERSHIP OR PARTNERSHIP FORM

- To be completed, printed and returned with your payment (1), made payable to Imagine Tours

I, the undersigned:

LAST NAME: ..... FIRST NAME: .....

COMPANY: ..... ROLE / AFFILIATION: .....

ADDRESS: ..... CITY: .....

STATE / PROVINCE: ..... POSTAL / ZIP CODE: .....

COUNTRY: ..... PHONE: .....

EMAIL: ..... WEBSITE: .....

Check the relevant box(es):

[ ] I wish to become a member (1) of the Imagine Tours association

[ ] I wish to become a partner (2) of the Imagine Tours association

To this end, I enclose a payment of (1) ….€, which grants me member status (1) ….. for the coming year.

At ..... On ..... Signature:

[ ] I have read and approve the Ethics Charter of the Imagine Tours association and its radio stations

(1) Benefactor member: fee from €40 ° Active member: minimum fee €20

(2) Partnership: Free. Subject to compliance with our quality and hospitality charter (please enclose a brochure and a full description of your business).

Check the relevant box(es) to receive information about:

association events [ ] / our other partners and members [ ] / the region [ ] / Other _____ [ ]

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Imagine.Tours@gmail.com ° Friendly.Radio.Avignon@gmail.com ° Radio.Coupo.Santo@gmail.com
Associacion Lei 1901 ° Sòci de la Federacion Interregionau de Mèdias Occitans ° Recommended by Rick Steves since 2009 ° En règle avec la SACEM
Numéro Siret: 497 692 079 00039 ° Numéro Siren: 497 692 079 ° Association Numéro: W842005900 ° Code NAF / APE 9499Z