



MEMBERSHIP FORM for the year 2025/2026

Personal information if the member is a **natural person**:

Last name: First name:

Birth date:/...../.....

Address:

Zip code: City:

Phone: E-mail:

Professional information if the member is a **legal entity**:

Company name:

Legal form: SIREN number:

Address:

ZIP Code: City:

Phone: E-mail:

In accordance with Law 78/17 of January 6, 1978, relating to information technology, files, and civil liberties, the EnVoix association undertakes not to use member information for commercial purposes. Members also have the right to view and correct information concerning them.

I hereby certify that I wish to join the EnVoix association. In doing so, I acknowledge the purpose of the association and agree to abide by its rules and regulations. I am fully aware of the rights and duties of association members and agree to pay my membership fee for the current year, from September 1, 2025, to August 31, 2026.

Active or associate member €30 membership fee: ☐

or Supporting MEMBER

- Minimum admission fee of €50 ☐
- Admission fee over €50 ☐ amount (in numbers):
- mandatory annual membership fee of €30 total (in numbers) :

☐ **Cash**

☐ **Wire transfer**

☐ **Check n°**

☐ **Others**

IBAN EnVoix : **FR76 1610 6400 0196 0221 8793 487**

Code BIC : **AGRIFRPP861**

Done at:

Signature

Date :