



## MEMBERSHIP APPLICATION FORM – 2020

To return to: **contact@moires.fr**  
or by post: **MOIRES** – E. Retournard  
4, rue Théodore de Banville  
63000 Clermont-Ferrand  
France

[www.maires.fr](http://www.maires.fr)  
[contact@moires.fr](mailto:contact@moires.fr)

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**First name:** ..... **NAME :** .....

**Date of birth:** ...../...../.....

**Address:** .....

.....

**Postcode:** ..... **City:** .....

**Country:** ..... **Phone number:** .....

**Email:** .....

**Status, profession:** .....

**Institution:** .....

**Interests in textile research:** .....

I declare that I wish to become a member of the association **MOIRES**, to have read the statutes and the rules of the association and to accept them.

I will make an annual subscription at (*check the good box*):

- the **regular** fee of €15.
- the **reduced** fee of €10 (students, job seekers, retired persons) **with a PROOF**.

Signed at: ....., on ...../...../2020

**Signature :**