



MEMBERSHIP APPLICATION FORM – 2021

To return to: contact@moires.fr
or moires.association@gmail.com

or by post: **MOIRES** – E. Retournard
4, rue Théodore de Banville
63000 Clermont-Ferrand
France

www.maires.fr

contact@moires.fr | moires.association@gmail.com

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**.

(You will receive an e-mail with the bank details of the association to make a transfer)

Signed at:, on/...../2021

Signature: