



**Introduction to French / Mastering French**

**SURNAME** \_\_\_\_\_ **NAME** \_\_\_\_\_

E-mail :

Mobile No :      Landline :

Address : \_\_\_\_\_

Postcode: \_\_\_\_\_ Municipality: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth :

**I, the undersigned**

Wish to become a member of the Tous Azimuts Association. Please find attached my membership fee of 18 €

**I wish to enrol in the following workshop(s):**

				<u>Days (x)</u>
				<input type="checkbox"/> Mon
				<input type="checkbox"/> Tues
				<input type="checkbox"/> Wed
<b>FRENCH</b>	<input type="checkbox"/> Beginners	<input type="checkbox"/> Elementary	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Thur
				<input type="checkbox"/> Fri
				<input type="checkbox"/> Sat

**I choose :**

**Minimum commitment: 20 sessions** (out of the 30 offered throughout the year (2022-2023, at a cost of 40 € (3€ per session 1h30).

First session is free – however, no refund will be given once the second session has been attended. Members pay only for the sessions attended (based on a one-off non-refundable payment), except in the case of a last-minute cancellation. The association must be informed within 48 hours of any absence. At each session there will be a signed attendance form, any absence without forewarning will be paid for.

<sup>2</sup> In the case of absence : text 07 67 18 16 91, or by email to [absences@tousazimuts-asso.fr](mailto:absences@tousazimuts-asso.fr) ESSENTIAL

I have read and understood the general conditions of payment pertaining to Tous Azimuts Association. I accept the conditions and confirm my commitment for 2022-2023.

As individual membership for members of Tous Azimuts who use rooms at the "Maison des Projets" and "Le Local" CSC is compulsory, I will make sure to complete my membership form with the said CSCs, indicating that my individual subscription will be paid by the Tous Azimuts association except in the case where I am already a member of the Maison des Projets / Local

I give my consent for my photo/video imagery to be used in any Tous Azimuts Association publicity such as social media or local press.

I have read the terms and conditions of storage and use of my data by Tous Azimuts in accordance with the GDPR and confirm my wish to be included in the association's email distribution lists.

Notes/Comments in Native Language

Date: \_\_\_\_\_

Signature : \_\_\_\_\_

**PRISE D'INSCRIPTION / OBS:**

Nouvelle adhésion

Renouvellement

Souhaits exprimés (Forum des associations, etc.)	

**OBSERVATIONS :**

inscriptions stages, autres activités de Tous Azimuts  
 changements d'adresse, de téléphone, autres informations utiles volontairement portées à notre connaissance par l'adhérent, etc.

DATE DÉBUT FRÉQUENTATION	ATELIER(S) / INTERVENANT.E	CRÉNEAU(X)
	1	
	2	
	3	
	4	
	5	

Règlement (montant)	Mode (chq : Bq & n° du chèque)	Date	Obs.
1			
2			
3			
4			
5			

Adhésion enregistrée par :

**REMISE CARNETS**

Date	Valeur	Ateliers

**Bulletin d'adhésion complété**

Date :

**ADHÉSION CSC**

- Cotisant ou dispensé adh. CSC
- MDP ind.     MDP fam.
- LOCAL       CAC

**Association TOUS AZIMUTS**

48 avenue de la Liberté

86180 BUXEROLLES

**INFORMATIONS ET CONTACTS :**

sat@tousazimuts-asso.fr

07 82 86 67 75 - 07 67 18 16 91

