
THE GROUP

Membership Form Non Profit Organization «The Group» (Le Groupe)

First Name: _____ Last Name: _____

Date of Birth: ___/___/_____ Nationality(ies): _____

Occupation: _____

Address: _____

Telephone: _____ Email: _____

I herewith declare my wish to become a member of the non-profit organization «The Group» (Le Groupe). I understand the purpose of «The Group».

I also accept that «The Group» association mentions on its website and its communication documents my first and last name (Delete as appropriate: YES – NO) or the following pseudonym: _____ (please fill in the blank).

Length of membership: one calendar year.

Membership fees:

- Standard fees: 20 Euros.
- Reduced fees: 10 Euros (students, artists, jobseekers, pensioners).
- Free (volunteers, people living outside of France, minors, members of a partner organization).
- Legal entities: 100 Euros.

Done this ___/___/_____ At _____

Handwritten Signature (preceded by the words «Read and approved»)

All the information (notably for the membership payment) is [online](#).

The personal data collected is required for your subscription. In accordance with the Data Protection Act of 6 January 1978, you have the right to access, modify, and oppose the information. To exercise your right, please contact info@thegroup.fr.