



**SUBSCRIPTIONFORM
TO THE SOBANOVA ASSOCIATION**

Name :

Firstrname :

Address :

Postal code : **City :**

Country :

Telephone (home) : **Mobile :**

E-mail :

Yearly Membership* : 15 Euros.

** simple membership without voting rights at general assembly*

I wish to get a receipt by mail for the payment of my membership.

Date :

Signature :

Send the subscriptionform with your payment to :

Association Sobanova
14 villa Saint Charles
75015 Paris
FRANCE

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