

# APPLICATION FORM FOR MEMBERSHIP 2020 – 2021

I wish to join PADFAS (THE ARTS SOCIETY-PARIS)-

Revised Covid Subscription fee  
**€40 per person**

Prof/Dr/Mr/Mrs/Ms/Miss \_\_\_\_\_ Nationality \_\_\_\_\_  
Family name \_\_\_\_\_ First name \_\_\_\_\_  
Mobile phone \_\_\_\_\_  
Email \_\_\_\_\_ @ \_\_\_\_\_  
Postal address \_\_\_\_\_  
Landline(s) 1 \_\_\_\_\_ 2 \_\_\_\_\_

Prof/Dr/Mr/Mrs/Ms/Miss \_\_\_\_\_ Nationality \_\_\_\_\_  
Family name \_\_\_\_\_ First name \_\_\_\_\_  
Mobile phone \_\_\_\_\_  
Email \_\_\_\_\_ @ \_\_\_\_\_  
Postal address \_\_\_\_\_  
Landline(s) 1 \_\_\_\_\_ 2 \_\_\_\_\_

**Please make your cheque payable to PADFAS  
and send it with this Application Form and a stamped self-addressed envelope to the  
Secretary :**  
**Jacqueline BANIERE, 2, Villa Cœur de Vey, 75014 PARIS**  
Your membership card will be posted upon receipt.