

British & Commonwealth Women's Association

●bcwa@hotmail.com ● www.bcwa.org

NEW MEMBERSHIP APPLICATION FORM - 2018

First name: _____ Surname: _____

Nationality: _____ (UK Passport No: _____)

If applying via your husband's nationality please indicate here whether his nationality is: British or Commonwealth (delete as necessary and put his nationality on line above).

If applying as the daughter of a British or Commonwealth member, please give mother's full name: _____

Your Address _____

Landline: _____ Mobile: _____

Email: _____@_____

Date of Birth: _____ Maiden Name: _____

Current or previous occupation: _____

Annual subscription: 30 euros, payable by cheque to BCWA

Please send this completed form with your cheque to : **Maison des Associations - BCWA (Boîte 86), 28 rue Laure Diebold, 75008 Paris**

DISCLAIMER : I accept that participation in any activity organised by the BCWA is entirely at my own risk and responsibility. In no way do I hold the BCWA liable for any loss, damage or injury sustained during participation in any BCWA activity. I will provide a doctor's certificate to take part in any physical activity. By taking part in any BCWA activity I agree to the above.

Signature _____ Date : _____

NEW MEMBERSHIP APPLICATION FORM

VOLUNTEERING

Would you be willing to assist the club in any of the following:

Administration	
Lunches	
Newsletter	
New activities	
Website / Facebook	
Welcome	

Where did you first hear about BCWA?

Bloom	BCC	BCWA	CESC	Church
Embassy	Event	French Language school	Friend	Relocation Pack
If on INTERNET, which of these?	BCWA Website	Facebook	Linked In	Other (please state)