



English Speaking Union Loire Valley  
Building worldwide understanding  
through English

**ASSOCIATE MEMBERSHIP APPLICATION FORM 2016**

(open to any person(s) who resides in the Department of "Maine et Loire" (49) and in the adjoining Departments, for less than six months in a calendar year)

Please complete this form in full and return it with your cheque, payable to ESU Loire Valley, to Jackie Sheppard, Secretary ESU Loire Valley, La Fripiere, 49490 Chigné.  
Email: [sheppardjohn@orange.fr](mailto:sheppardjohn@orange.fr)

I/We would like to apply for Associate Membership of the ESU Loire Valley

2016 Subscription Rates:

12 Euros PER PERSON

Number of Persons applying for membership =

**TOTAL ENCLOSED =** Euros

Please complete in full in CAPITAL letters

Name(s): .....

Address: .....

Post Code: .....

.....

Telephone Number: .....

Mobile Number: ..... E-mail: .....

I/We agree/do not agree to my/our details being passed to other members.\*  
\*(Please delete as appropriate)

Signed: ..... Date: .....,

Signed: ..... Date: .....

Signed: ..... Date: .....