



Membership Form

First name, Surname :

Address :

Telephone (Mobile) :

Email :

I, _____, hereby agree to become a member of the LLC Luxembourg Lacrosse Club (a.s.b.l.).

I accept the statutes of the association, to pay the annual membership fee onto the associations's bank account in due time and to respect all the obligations associated to the membership that are stated in the statutes and team rules.

I accept that my personal data is collected for administrative purposes and that the association may contact me to inform me about its activities.

I declare having read and understood the statutes of the association.

Signed on the ___/___/___ in _____,

X

Signature