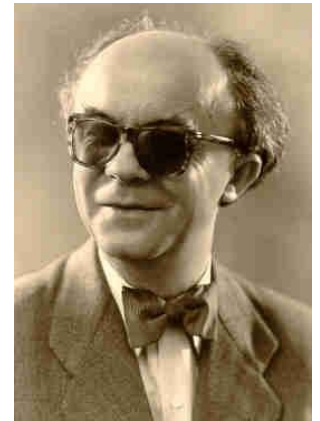


The Association of the Friends of
Jean Langlais



Membership Form

Name: _____

Address: _____

Town/City: _____ County: _____

Postcode: _____ Country: _____

Telephone: _____ Email: _____

I would like to support the **Association of the Friends of Jean Langlais** by becoming a:

(Please tick as required)

(Number required)

- | | | | |
|--------------------------|---------------|--------------------|-------|
| <input type="checkbox"/> | Benefactor | (30 euros minimum) | _____ |
| <input type="checkbox"/> | Active Member | (18 euros) | _____ |

Please make cheques payable to:

L'Association "Les Amis de Jean Langlais"

Please send the completed form with your cheque to:

L'Association "Les Amis de Jean Langlais"

Mairie de La Fontenelle

35560 VAL COUESNON