



ICL

<http://www.icl-club.ch>

THE INTERNATIONAL CLUB OF LAUSANNE

MEMBERSHIP APPLICATION FORM

Please fill out one form per person if you are a couple. If necessary use the form in French which you also can download from our site. Please print. * = required

Name* : First name* :

Street* : Number* :

Postal Code* : City* :

Telephone* : Home : Portable : Work :

Email* : Fax :

Nationality : Mother tongue :

Other languages :

Profession : How long have you lived in this area ?

How did you hear about ICL?

Special interests or hobbies :

Would you like to be on the ICL committee or help out on one of the activities?

If yes, is there anything in particular you would like to do?

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Please return to :

Mrs Alicia Monachon
Av de Montoie 37
1007 Lausanne
abrmonachon@gmail.com
021 617 96 73 (T + F)

Date :

Signature :