

Young Members



Cercle de Lorraine
THE brussels business CLUB

Application form for Membership in the Cercle de Lorraine

Complete this form and mail it to cl@cl.be or Place Poelaert 6, 1000 Brussels.
The undersigned wishes to join the Cercle de Lorraine as an adhering member and agrees to respect the Statutes & Rules.

Name:

Surname:

Memberships in other clubs:

Diploma(s) & graduation year(s):

Professional contact information

Company name: Legal Status:

Street: N°:

City: Postal code:

Tel: Fax: Mobile:

Email: Website: www.....

TVA:

Sector activities:

Position within the company:

Mandates with other companies or associations:

Private contact details (optional but encouraged)

Street: N°:

City: Postal Code:

Tel: Fax: Email:

Date of birth: Nationality:

Civil status: Mother tongue:

Partner name:

Names of the members of the Cercle de Lorraine that you know:

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Hobbies: Classic Cars Motorbike Bridge Sailing
 Hunting Travelling Golf Tennis

Mailing address: professional private

Billing address: professional private

Date: Signature: