



# Association des Anciens du Collège Cévenol

AACC - Collège Cévenol - Chemin de Luquet – F-43400 LE CHAMBON SUR LIGNON

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## Membership form

*I, undersigned*

**Surname:** ..... **First name:**.....

**Address:** .....

**ZIP Code:** ..... **City:**.....

**Country:** ..... **E-mail:**.....

**Phone:** ..... **Mobile:** .....

*former student*

*teacher – subject(s) taught:* .....

*staff – position(s) held:* .....

*summer camp – site:* .....

*other :* .....

*from (month/year of arrival at the College) :..... / .....*

*to (month/year of departure from the College) :..... / .....*

*hereby declare that I would like to join the Association des Anciens  
du Collège Cévenol as an active member*

*for the year*  *2009*       *optional donation*

**Annual subscription 10€ (or more)**      **Total amount:** .....€

**At:** ..... , **on** .....

**Signature:**