



## SPA de Haguenau & Environs' Membership Form

I, the undersigned :

Name :

Surname :

Address :

Postal Code :

City (Country) :

Phone number :

Email :

Certify that I have paid the membership fee of 20€ to become a member of the SPA of Haguenau & Environs and read the rules and regulation

Date :

Signature :