



*Association de Sauvegarde du  
CHATEAU DE GAVRAY*



## MEMBERSHIP REQUEST

I undersigned:

Name :

First name :

Living in :

Phone :

mail :

Request to join:

“The Association for the Protection of the Château de Gavray” Mairie de Gavray 50450 GAVRAY” and I pay **fifteen** euros (€15 ) the amount of the **2021** contribution by check payable to the “Association for the Protection of the Château de Gavray”.

I declare :

- having received a copy of the statutes of the association, of which I was able to take awareness ;
- commit to respecting all the obligations of the members of the association who appear there;
- have also been informed of the provisions of the law of January 6, 1978 which regulates the right of communication in the file of the members of the association of personal data concerning me.

Made in

the

Signature of the member