



# LES VOIX D'ORPHÉE

INTERNATIONAL ASSOCIATION  
FOR MUSIC AND ARTS

20 rue de l'Élysée, 75008 Paris, France

French association subject to the law of July 1, 1901 and to the decree of August 16, 1901.

## MEMBERSHIP FORM

### Information to be completed by the applicant

Surname .....

First Name .....

Address .....

Postal Code .....

City .....

Tel. ....

E-Mail .....

I hereby declare that I wish to become a member of the Association Les Voix d'Orphée. As such, I declare that I recognize the purpose of the association and that I have accepted the statutes made available to me. I take note of my rights as a member of the association.

**I agree to pay the 1 year membership fee of 30 EUR (free for students) by cheque, bank transfer or any other means.**

Signed in ....., Date ..... / ..... / .....

SIGNATURE

**BANK:** Crédit Mutuel, Paris 8.

**IBAN:** FR76 1027 8041 0200 0209 0580 117

**BIC/SWIFT** CMCIFR2A

*The information collected is necessary for your membership. In accordance with the General Regulations on the Protection of Personal Data in France, you have the right to access, rectify and delete data concerning you. To exercise this right, please send a message to the secretary of the association.*