

Membership form to RAINBOW ROSE as Rainbow Rose Activist

N° (Internal use)	NO NEED TO WRITE HERE
Surname and name	
Country	
Date of birth	
Address (or office number in the EP)	
E-mail	
Phone	
Member of a national LGBT group from PES?	

I desire to join the Rainbow Rose and comply with the Statutes of Rainbow Rose and I agree to pay the membership fees of :

- 10€ as full-price member for the calendar year
- 5€ as reduced-price (unemployed, student) for the calendar year
- 10€ +€ = € as a generous contributor to Rainbow Rose for the calendar year

Your registration will be valid only after the receipt of your payment via transfer on our bank-account. (please put your name in the reference when paying / bank account details: BE52 7370 4192 9709 / BIC: KREDBEBB)

Date & signature

You can hand-over this document directly to us or send it back via email to contact@rainbowrose.eu