



MEMBERSHIP FORM

I, the Undersigned, hereby respectfully petition the President, Officers and Members of BZH New York, for membership in your Association. If accepted, I promise upon my word of honor to strictly abide by and uphold the Constitution, By-Laws, Rules and Regulation of BZH New York, and strive to further the welfare and best interests of the association with neither political nor sectarian motives in mind.

Full Name : _____

Date of birth : _____ Birth Place : _____

Address : _____ City : _____

State : _____ Zip : _____ Country : _____

Occupation : _____ Company : _____

Email : _____ MSN Yahoo Gtalk Skype Autre _____

Phone : _____

**Would you like to join BZH New York as a member?
If yes, select one (membership is valid for 1 year) :**

- Student Membership or under 18 year old (\$30 or 25€) :
- Regular Adult Membership (\$40 or 33€) :
- Family Membership (\$60 or 50€) : Number of members : _____

Do you wish to join one of our committees? If yes, select one :

- Economy and Business Committee
- Communication and Media Committee
- Culture Committee
- Tourism and Leisure Committee

I certify that the above questions are all truthfully answered,

Date : _____ **Applicant's signature :** _____

Please mail to the address indicated above with a check in the order of BZH New York Inc. You can also pay directly online using your credit card or your Paypal account. More info on www.bzh-ny.org