



## 2016 FORM

### MEMBERSHIP FORM TO BE RETURNED to:

Roque Barbosa, R SCHUITENLAAN 39 -- 3080 TERVUREN

NAME: .....  
(in capitals)  
ADDRESS .....

TEL NOS: HOME: ..... OFFICE: ..... FAX: .....  
G.S.M.: ..... E-mail: .....

What activities are you interested in:

|                        |                      |          |
|------------------------|----------------------|----------|
| Cocktails              | Museums              | Walking  |
| Restaurants            | Exhibition           | Cycling  |
| Pub evenings           | Concerts Classic/Pop | Kayaking |
|                        |                      | Tennis   |
| Other (please specify) |                      |          |

'Friends' or the Committee members are not responsible and cannot be held liable for any accident or injuries during any activities organised by **the club**.

You are kindly reminded to check your personal insurance coverage.

Signature: ..... Date: .....