

Women's International Club Méditerranée



Application Form

How to contact us:-

E mail: info@wicmediterranee.org

Postal address: WICM BP 11
34510 Florensac

How to become a member:-

Come along to the [next monthly meeting](#)

or

Print this form and complete the details below and send with a cheque for €25.00 made payable to "WICM".

WICM Membership Form

Please complete this form in block letters

Family Name		First Name	
Address			
Email Address			
Telephone No		Mobile No	
Nationality		Mother tongue	
		The language you spoke as you were growing up!	
Date of Birth (Day and Month only)			

Please note: This information will only be used for the purpose of WICM and will never be distributed to other parties or used for anything without your consent. You do not have to disclose any information that you are not comfortable with but remember, it could affect our ability to contact you.