

MEMBERSHIP APPLICATION FORM FCS

(Please print and send by post to your national representative)

YES, I would like to become a member of the International Fellowship Cycling to Serve and will pay the yearly subscription ^[1] to my National Representative.

Mr. Ms.

Initials: _____

Family Name: _____

Address: _____

Postcode: _____ City: _____

Country: _____

Rotary Club: _____ District: _____

Date of birth: _____

Phone: _____ Fax: _____

E-mail: _____

Date: _____ Signature: _____

Please send to your National Representative for Netherlands:

**Kees van Asten
Krachtenveld 44
NL-3893 CD Zeewolde
NEDERLAND**