Cercle Nautique de la Commission Européenne asbl
(Sailing Club of the EU Institutions)

CNCE is affiliated to the "Fédération Francophone de Yachting Belge (FFYB)"

Membership Application Form

I the undersigned:

**Surname :*	**First Name :*
**Date of Birth (dd/mm/yyyy) :*	*Languages spoken :* ☐ EN ☐ FR *Mother tongue :*

would like to apply to become an associate member ("member adherent") of the **CERCLE NAUTIQUE de la COMMISSION EUROPEENNE (CNCE) asbl.**

**Status* ☐ Official or agent of a European institution ☐ Retired official or agent of a European institution ☐ External ☐ Trainee (stagiaire) ☐ Family member of an official/agent name of official/agent :	*European Institution* ☐ Commission ☐ Council ☐ E.P. ☐ EESC ☐ CoR ☐ other :
Administrative address *Office:*	*Tel. No. Office :*
**Private address* *Street, No:* *Post Code :* *Locality:*	*Private Tel. No.:* *Mobile Tel. No. :*
**e-mail address :*	

'' fields obligatory to fill-in*

I declare that I am covered by ☐ the EU Joint Sickness Insurance Scheme (JSIS), or
☐ another insurance company.

I understand that the CNCE is affiliated to the "Fédération Francophone de Yachting Belge" (FFYB) and my membership includes a specific insurance covering sailing accidents. This insurance policy is kept at my disposal by the CNCE Secretariat and I am aware of its content (cf: http://www.ffyb.be/documents/FAQ_Assurance.pdf)

I undertake to comply with the statute and internal rules of the CNCE asbl of which I am also aware. I exonerate the CNCE, the organisers and the skippers of all responsibility for any damage or harm which may incur to myself or to my personal belongings during any CNCE activity in which I participate.

I have transferred / I will transfer the full membership fee of ☐ 60€ / reduced membership fee of ☐ 25€
(60€ for adult member, 25€ for under 18 years of age, trainee (stagiaire) and family member of a full paying member)
on the account of **CNCE : 310-0586049-61 (IBAN: BE62 3100 5860 4961 BIC: BBRUBEBB)** with the note "Annual membership fee / surname, first name".

SIGNATURE : …… *DATE :* / / 2020

if under 18 : *SIGNATURE and Name of parent :* ……
……

Please send the ORIGINAL application form, signed and dated to:

Secretariat, CERCLE NAUTIQUE C.E.
VM-2 01/06 *(by internal mail) or*
rue de la Loi,200 (VM-2 01/06) 1049 Bruxelles *(by post)*

Also, for a rapid treatment of your application, please send a copy of your form by email to secretariat@sailcnce.eu .

Important : *Your membership request will be processed on receipt of the signed and dated application form by the Secretariat and upon transfer of the membership fee into the CNCE's bank account. Please advise the Secretariat of any changes in your address. This form as well as the personnel data contained will be kept by the CNCE in compliance with the data protection rules and will not be passed on to third parties. However your name and address(es) may be used for of sending CNCE information or news-letters.*

The CNCE activities are open only to members of the club. For all activities requiring a financial commitment, registration is done on the basis of "first paid-first served". After registration, reimbursement will be possible only if an adequate replacement is found.

For further information please visit the CNCE's website on: **www.sailcnce.eu**