**BULLETIN D’ADHÉSION AU CMCF**

Vous souhaitez soutenir notre action en adhérant au **C**entre de la **M**ine et du **C**hemin de **F**er de Oignies (CMCF). Remplissez le bulletin d’adhésion ci-dessous et retournez-le accompagné de votre chèque libellé au nom de **CMCF-Oignies**à l’adresse suivante :

**CMCF - Oignies**

**Centre Denis Papin**

**Rue Emile Zola**

**62590 Oignies**

[**http://www.cmcf-oignies.com/accueil.htm**](http://www.cmcf-oignies.com/accueil.htm)

[**https://www.facebook.com/c.m.c.f.oignies**](https://www.facebook.com/c.m.c.f.oignies)



Nom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Prénom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Adresse postale : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Code Postal et ville : . . . . . - \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Adresse email : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_@ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Téléphone (fixe/mobile) : 0 . **-** . . **-** . . **-** . . **-** . . ou 0 . **-** . . **-** . . **-** . . **-** . .

Je suis intéressé par : 🞏 les Petites Echelles  🞏 la vapeur vive 5 & 7"

🞏 l’atelier de Restauration des vrais trains

- - - - - - - - - - - - - - - - - - - - - - - - - - - -

Montant des cotisations :

🞏 1er adhésion : 55 Euros (27,50 Euros après le 1er septembre de l’année en cours)

🞏 Renouvellement adhésion : 55 Euros

🞏 Personne à la recherche d’un emploi : gratuit (sur justificatif)

🞏 Scolaire et Etudiant: 27,50 Euros : (sur justificatif)

🞏 Moins de 18 ans : 10 Euros

🞏 Moins de 8 ans accompagné d’un membre adhérant : gratuit

🞏 Mon épouse souhaite aussi adhérer : 10 Euros supplémentaire

- - - - - - - - - - - - - - - - - - - - - - - - - - - -

*Les personnes mineures, devront accompagner ce* bulletin d’une autorisation parentale.

Fait à : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ ; Le : . . / . . / 2 0 . . ; Signature

**BULLETIN D’ADHÉSION AU CMCF**

Vous souhaitez soutenir notre action en adhérant au **C**entre de la **M**ine et du **C**hemin de **F**er de Oignies (CMCF). Remplissez le bulletin d’adhésion ci-dessous et retournez-le accompagné de votre chèque libellé au nom de **CMCF-Oignies**à l’adresse suivante :

**CMCF - Oignies**

**Centre Denis Papin**

**Rue Emile Zola**

**62590 Oignies**

[**http://www.cmcf-oignies.com/accueil.htm**](http://www.cmcf-oignies.com/accueil.htm)

[**https://www.facebook.com/c.m.c.f.oignies**](https://www.facebook.com/c.m.c.f.oignies)



Nom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Prénom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Adresse postale : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Code Postal et ville : . . . . . - \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Adresse email : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_@ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Téléphone (fixe/mobile) : 0 . **-** . . **-** . . **-** . . **-** . . ou 0 . **-** . . **-** . . **-** . . **-** . .

Je suis intéressé par : 🞏 les Petites Echelles  🞏 la vapeur vive 5 & 7"

🞏 l’atelier de Restauration des vrais trains

- - - - - - - - - - - - - - - - - - - - - - - - - - - -

Montant des cotisations :

🞏 1er adhésion : 55 Euros (27,50 Euros après le 1er septembre de l’année en cours)

🞏 Renouvellement adhésion : 55 Euros

🞏 Personne à la recherche d’un emploi : gratuit (sur justificatif)

🞏 Scolaire et Etudiant: 27,50 Euros : (sur justificatif)

🞏 Moins de 18 ans : 10 Euros

🞏 Moins de 8 ans accompagné d’un membre adhérant : gratuit

🞏 Mon épouse souhaite aussi adhérer : 10 Euros supplémentaire

- - - - - - - - - - - - - - - - - - - - - - - - - - - -

*Les personnes mineures, devront accompagner ce* bulletin d’une autorisation parentale.

Fait à : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ ; Le : . . / . . / 2 0 . . ; Signature