ESCP Europe Alumni

SUBSCRIPTION FORM

☐ Yes I wish to become a member of the Alumni Association and benefit from the **special reduced fee of 90 €**

First Name : _____ Last Name : _____

MS : _____

Address : _____

_____

Postal Code :_____ City : _____

Telephone :_____ Mobile :_____

E-mail adress: _____

☐ Cheque drawn on a French Bank account to ESCP Europe Alumni

☐ Cash (Euros only)

☐ By Credit Card :

n° : |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_|fin val. : |_|_| / |_|_| Signature : _____

ESCP Europe Alumni - 81 avenue de la République 75543 Paris (4e étage, ouvert de 9h à 18h)
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