MEMBERSHIP FORM

PLEASE RETURN TO: ESCP Alumni – 6-8 avenue de la Porte de Champerret • 75017 Paris - France

☐ **I CHOOSE THE LIFELONG MEMBERSHIP TO BENEFIT FROM THE SERVICES OF THE ASSOCIATION ALL LIFE LONG AND TO STOP RECEIVING REMINDERS!**

	Lifelong membership (€)	Magazine Subscription* (€)	Total
Graduates – Standard rate	1700	50	**1750**
Graduates – Reduced rate (Delegates and retired graduates)	1100	50	**1150**
Graduates committed	4200	50	**4250**

** Yearly subscription to be renewed each year*

Last name: .....

First name: .....

Degree and Graduation Year: .....

I would like to subscribe to ESCP Alumni and shall pay € .....

☐ Direct debit, I choose to pay the total of my lifelong membership

☐ Direct debit, I choose to pay my lifelong membership in ☐2, ☐3 or ☐4 installments on 2, 3 or 4 months, free of charge.

☐ Direct debit, I choose to pay the total of my annual membership

by filling out and returning the SEPA direct debit form below with your bank account details.

☐ Online payment via escpalumni.org

☐ Cheque (*from a French bank account*) payable to ESCP Alumni

☐ Credit/debit card no. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry date: ☐☐☐☐ Cryptogram: ☐☐☐

Date: ..... Signature: .....

☐ Bank transfer:
IBAN : FR76 1010 7002 3600 6290 1925 045
BIC : BREDFRPPXXX

People facing financial difficulties (i.e. seeking employment) may request a 50% discount on their annual membership (on proof).You can download your receipt on escpalumni.org. *Committed membership are a support to ESCP Alumni.

☐ **I CHOOSE TO PAY AN ANNUAL MEMBERSHIP**

	2024 Annual membership (€)	Magazine subscription* (€)	Total
Graduates – Standard rate	250	50	**300**
Retired Graduates	190	50	**240**
Graduates committed	1500	50	**1550**

*The annual membership is valid for a calendar year (from January 1 to December 31). * Yearly subscription to be renewed each year*

DIRECT DEBIT MANDATE

Last name: .....

First name: .....

Address: .....

Postcode: ..... City: .....

Country: .....

Type of payment: ☐Recurring payment ☐One-off payment

Designation of the account to be debited: .....

IBAN : ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐

BIC : ☐☐☐☐☐☐☐☐☐☐☐

By signing this mandate form, you authorise ESCP Alumni to send instructions to your bank to debit your account, and your bank to debit your account in accordance with the instructions from ESCP Alumni. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. Any possible refund must be claimed within 8 weeks starting from the date on which your account was debited for an authorised debit, and without delay and as late as 13 months in case of unauthorised debit.

NAME AND ADRESS OF THE CREDITOR

ESCP Alumni
6-8 avenue de la Porte de Champerret
• 75017 Paris - France
ICS : FR17ZZZ147435

Signature, place and date: