

Member No.

DATE _____

FAMILY NAME _____

FIRST NAME _____

PLEASE USE CAPITALS

NAME OF 2ND MEMBER (if joint) _____

HOME TEL _____

ADDRESS _____

WORK TEL _____

CITY _____

MOBILE TEL _____

POSTAL CODE _____

E-MAIL _____

MALE/FEMALE _____

A Membership Sign-Up or Renewal

(Please note that your membership is automatically renewed from the date that it expires, not from the date of your payment)

Single Membership: 50€ Double Membership (two people/same address): 75€ Full-time student (attach copy of ID): 30€ Benefactor: 125€

Check one: New Member Nationality: _____

Renewal How did you hear about WICE? _____

Membership Total: _____

B Program Registration (see back of form for Registration Policy)

Only WICE Members may register for programs. If you are not yet a WICE member, please use the form above to enroll.

* Guests: Please be aware that all guests need to be members of WICE to participate in program classes. If more than one member is using this form, please include additional member numbers below.

Program Title	Code	Price	x	Enrollees	=	AMOUNT
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Mark your calendar now so as not to miss your courses!
 You will **not** receive confirmation of enrollment.
 WICE only notifies in cases of cancellation or over-enrollment.

Less vouchers or gift certificates (please attach) (minus) _____

Program Total: _____

C Other Payments: (Advertising, *Amis du Louvre* Card, Books, Honorarium/Memorial Gift, Donation to Annual Funding Program, etc.)

Please specify: _____

Amount: _____

GRAND TOTAL: (A + B + C)

Payment Method

Cash Check (In Euros, payable to WICE) Credit card payments minimum 16€ and over

For fax payments complete below and fax to: 01.45.66.76.67. Carte Bleue, VISA and MasterCard

Card No.

Expiration Date ____/201____ (Day/Month/Year)

Security code



NOW REQUIRED. SEE REVERSE SIDE FOR DETAILS.

Name on card _____

I authorize WICE to deduct the above amount from my credit card.

Signature _____

Today's date _____

I/We have read and accept the WICE General Conditions and Policies described on the other side and agree to be bound by them
 Signature _____