



The American Club of Brussels

Application for Individual Membership (spouse/partner automatically included)

Online: www.americanclubbrussels.org (Membership – Individual Memberships – Application Form)

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Date of Birth (dd/mm/yy): ____/____/____ Gender: M / F Nationality: _____

Name of spouse/partner: _____

Date of Birth (dd/mm/yy): ____/____/____ Gender: M / F Nationality: _____

HOME ADDRESS

Street and number (+ box): _____

ZIP: _____ Town: _____

Telephone: _____ Mobile: _____

E-mail: _____

COMPANY

Company Name: _____

Job Title: _____

Street and number (+ box): _____

ZIP: _____ Town: _____

Telephone: _____ Website: _____

E-mail: _____

Address for Club Contacts: Home / Office (Please choose one.)

Special Interests: _____

How did you learn about the ACB? _____

The ACB keeps your personal data private. We do not sell membership information, and only use this data to inform our members of Club activities. By participating in a Club event, you hereby agree and consent that your name and image (photos) be taken, posted and published on the Club's website and in the Club's Newsletter or other Club-related publications. By signing this application, you agree to these terms.

All membership applications are submitted to the Board of Governors for approval and acceptance.

Please check the appropriate category below and transfer the corresponding amount to the American Club of Brussels' bank account: BE55 4279 1958 8144 (BIC/SWIFT: KREDBEBB).

- Individual annual membership dues: € 140
- Retiree (over 65) annual membership dues: € 70
- Youth (under 35) annual membership dues: € 70
- Student membership: free
- Non-resident annual membership dues: € 35
- Active duty military: € 100

- Individual, 6 months (*): € 80
- Youth (under 35), 6 months (*): € 40
- Active duty military, 6 months (*): € 60

(*) Only one renewal for another six-month period is allowed.

Membership Benefits: see www.americanclubbrussels.org (Membership – Individual Memberships)

Please return the completed form to the address below.

Date: _____ Signature: _____