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|  | LA BOULE SAUVAGE | | | |  |
|  | Boulodrome Espace Lergue | | | |  |
|  | 13, avenue de Fumel - 34700 Lodève | | | |  |
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|  | **DEMANDE DE CARTE DE MEMBRE** | | | |  |
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|  | NOM………………………………………………………… | | | |  |
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|  | PRENOM…………………………………………………… | | | |  |
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|  | ADRESSE…………………………………………………. | | | |  |
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|  | C.P.............…………………………...…………………… | | | |  |
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|  | VILLE……………………………………………………….. | | | |  |
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|  | ***Fournir une photo d'identité et le règlement de la cotisation avec la demande de carte de membre*** | | | |  |
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