

Membership Application Form Individual Annual Fee

Mr / Mrs / Ms			requests
membership of the Press Clu	b Brussels Europe.		
Name:	First	Name:	
Nationality:	Date	of birth:	
Address:			
Post Code:	City:		
Phone:	Mobile :		
e-mail:			
Sector:	Function:		
To better inform you about	Press Club activities, 1	please indicate	your centre of interest:
O: Finance/Budget O: Environment & Climate O: Regional Policy O: Agriculture/food O: Cultural Heritage Others: Specify:	O: New Technology O: Culture/Media O: Education O: Golf	O : Justice O : Football	Other sports:
Ben	efits for members at 1	Press Club Lo	unge.
 Free soft drinks, Belgia Each member can bria Free invitation to all P Rental facilities of the For	lub Lounge between 8.3 an beer, wine, coffee, wing up to two guests for press Club events and acceptes Club rooms for prestudent, non-residents annual members unt: 001-6370074-63 –	-fi connections professional meters to member rofessional or pand retired journal fee: €	and daily press etings s only special events rivate events rnalists
Signature of applicant:			
Date:			

Upon receipt of your payment, your personalized card can be collected at the Press Club information desk