

## Member registration form for members of the Circle

### Owner

Mr/MS/\* :     Ms    Mr

Name\* : .....

First Name\* : .....

Date of birth\* : .....

### CONTACT INFORMATION

Address\* : .....

Address : .....

P.O. Box : .....

City Code: .....

City\* : .....

Country\* : .....

Phone Nr : .....

Mobile Phone Nr : .....

Email\* : .....

### CATEGORY

THE KID     EASY STREET     CITY LIGHTS     LIMELIGHT     MODERN TIMES

### OTHER INFORMATION

I agree to receive news and offers from the Foundation, the Circle of Friends and Chaplin's World

\*mandatory fields