Membership form
SLS 2018

SOCIÉTÉ LUXEMBOURGEOISE DE STATISTIQUE

Membership form for the Statistical Society Luxembourg 2018

Membership Physical person ☐ Moral person ☐

Mme/M. _____

Last name _____

First name _____

Date of birth _____

Name of your organisation _____

Your occupation _____

Adress _____

_____

Telephone number (optional) _____

Email * _____

* Used for transmission of newsletters, information on conferences, etc.

Date of membership _____

Membership fee _____€ (Physical person : 50 €,30 € retirees and 20 € students)
(Moral person : min. 50 € of membership fees)

Please transfer to membership fee directly to the account of the SLS :

IBAN : LU36 0019 4655 6407 1000
BIC : BCEELULL

Society memberships are valid for a civic year: from January 1st to 31st of December of the current year.
By becoming member of the Société Luxembourgeoise de Statistique, I commit myself to honoring its statutes provided by the association or downloaded on the site www.luxstat.lu

Written on _____

In _____

Signature _____

Sent in the for via email (admin@luxstat.lu) or by postal service to :
Société Luxembourgeoise de Statistique, c/o M. John Haas,13, rue Erasme, L-1468 Luxembourg