

Membership Form

Please complete application to accept you as a member of LuxForVip:

First Name
Last Name
Date of Birth
Nationality
Address
Postcode
City
Country
Phone
E-Mail
Occupation

Every new membership need to be approved of the Management Group LuxForVip.

The entry fee is payable only on admission. We will notify you by email.
Membership for one year and need to be renewed.

Signature and date

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Print the form, sign it and send it to: luxforvip@gmail.com

