



MEMBERSHIP FORM

Name: _____ Programme/year: _____

Home Address: _____

Postcode and City: _____

Telephone: _____

Mobile: _____

Preferred Email: _____

Company: _____ Position: _____

Work Address _____

Postcode and City: _____

Work Telephone: _____

Work Email: _____

I authorize the INSEAD Alumni Association to debit my account for the yearly contribution (70 Euros).

IBAN Bank account
Number: _____

BIC number: _____

Each year ~5,000 alumni donate to INSEAD and each gift, no matter the size, is valuable. We can create impact by enabling e.g. scholarships or financial aid for those who otherwise wouldn't have the opportunity to join INSEAD - thereby multiplying the joint impact we have on the world! If you would like to contribute, on top of your annual membership fee, you can include the donation below:

30 Euros 60 Euros 100 Euros Other: _____

We would also like to know what you hope the association can do for you and if there is anything you would like to do for the association. Suggestions for the organization are also welcome.

Signature: _____ Date: _____