

*(Note : Membership will only become valid  
on date of receipt of completed subscription  
form and validated payment)*

Name + First Name :

Address : \_\_\_\_\_ Nr : \_\_\_\_\_

City : \_\_\_\_\_ Zip : \_\_\_\_\_ Country : \_\_\_\_\_

Tel .: \_\_\_\_\_ Fax : \_\_\_\_\_

Mobile : \_\_\_\_\_ E-mail : \_\_\_\_\_

Date of Birth : \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Citizenship : \_\_\_\_\_

Status : **OPEN** / **NON-PRO** / **YOUTH** / **SUPPORT**  
          **30 €**      **30 €**      **20 €**      **15€**

Membership Number : ..... or New Member : .....

NRHA USA Member *(Circle one)* : **Yes / No**

**If yes, please indicate your NRHA USA Membership Number : .....**

Date of payment : .....

To be returned to : E-mail: [nrhaluxembourg@gmail.com](mailto:nrhaluxembourg@gmail.com)

Payment : **NRHA** Luxembourg – 23, rue Tony Neumann – L-2241 LUXEMBOURG

Bank account : **LU71 0030 5304 3679 1000**

BIC code : **BGLLLULL**