



FEDERATION INTERNATIONALE DES FEMMES DES CARRIERES JURIDIQUES

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APPLICATION FORM

Name

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Profession Date of Birth.....

Postal Address

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.....Country

Phone..... Mobile

Fax..... E-mail

You want to be admitted as :

- F.I.F.C.J. individual member
- Association adherent to F.I.F.C.J.
- Another

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In which area do you want to work ?

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Observations

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