

Membership form

Société de Développement de Veysonnaz

Name : First name :

Address :

ZIP, City :

Phone number : E-mail :

The undersigned hereby certifies having read and accepted the statutes and give his membership to the Société de Développement de Veysonnaz by paying the annual subscription of:

CHF :

Date : Signature :

Please return this form to the following address:

Veysonnaz Tourisme
Rte de Magrappé 42
CH-1993 Veysonnaz
info@veysonnaz.ch