TOURNONS LA PAGE
Pour l'alternance démocratique en Afrique

TOURNONS LA PAGE ADHESION FORM

Contact form

Last name	
First name	
Position	
Nationality	
E-mail address	
Phone number	

You would like to join TLP as:

☐ Individual ☐ Association / organization

The following section is for those representing an association / organization.

Presentation of the structure

Structure name:

Representative contact:

Last name: **First name:**
Tel: **E-mail address:**

- *Please do not fill in the fields above if the contact details have already been entered*

Nature / personnalité juridique (please mark the appropriate box):

Association		Syndicate	
Network or platform		Other (please specify)	

In which areas does your organization operate? What subjects do you work on?*

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How did you hear about Tournons La Page?*

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Why would you like to join Tournons La Page? Do you have any particular expectations?*

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* Required fields

Done at ..... on ..... **Signature**