

Proof of academic attendance

Eligibility - Student member • The applicant must be registered at a recognized educational institution. • Students must fill this form and send it back by email to membres@gmmq.com Student Information First Name: _____ Last Name: ___ Date of birth (DD-MM-YYYY): ____ **Educational Institution Information** Name of the institution: ___ Address: ___ City: _____ Postal code: ____ Telephone:____ "I hereby certify that the person whose name is written above is a full-time student at our educational institution." Signature of the person in charge of the institution Date DD-MM-YYY Affix the seal or stamp of the educational institution here: