

FLYINGBLUE Petroleum

Flying Blue Petroleum Membership Request Form for the person you are sponsoring
(to be completed in capital letters in black ink only)

TO BE FILLED IN BY THE SPONSOR

Surname of sponsor*

Firstname*

Flying Blue Petroleum card number*

Personal Address

(N°, type and name of street, P.O. Box...)

Post Code/Zip Code

City

State/Province

Country

Home Phone Number
(the first three boxes are for country code)

Mobile Phone Number
(the first three boxes are for country code)

E-mail address

Preferred language of communication*

 French English

TO BE FILLED IN BY THE PERSON BEING SPONSORED

Are you a Flying Blue member*? Yes No

If yes, please indicate your Flying Blue card number

Whether you are a member of Flying Blue or not, please complete the full questionnaire so that your Flying Blue Petroleum membership request can be taken into consideration.

Mr. Mrs. Ms.

First Name* (as it appears in your passport)

Surname* (as it appears in your passport)

Date of Birth* / /

* Must be completed

