



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	Personal Address
Surname of sponsor*	(N°, type and name of street, P.O. Box)
Firstname*	
Flying Blue Petroleum card number*	Death Orde /7tm Orde
	Post Code/Zip Code
	City
TO BE FILLED IN BY THE PERSON BEING SPONSORED	
Are you a Flying Blue member*? Yes No	
f yes, please indicate your Flying Blue card number	State/Province
Whether you are a member of Flying Blue or not,	
olease complete the full questionnaire so that your	Country
Flying Blue Petroleum membership request can be	
aken into consideration.	
Mr. Mrs. Ms.	Home Phone Number
First Name* (as it appears in your passport)	(the first three boxes are for country code)
	Mobile Phone Number
Surname* (as it appears in your passport)	(the first three boxes are for country code)
	E-mail address
Date of Birth* DD/MM/YYYY	
	@
	Preferred language of communication*
* Must be completed	French English



Professional Address*	Are your an Air France/KLM cardholder?
Name of Company*	(Travel Saver/Abonnement card, Flying Blue Jeune card, charge card
Address* (N°, type and name of street, P.O. Box)	Card N° How many return flights have you taken during the last 12 months? Total number of flights Number of flights taken with AIR FRANCE/KLM or other Flying Blue partner airlines
Post Code/Zip Code* City*	(if I am not already a Flying Blue member) and accept the general respective terms and conditions accessible on www.airfrance.com and www.klm.com
State/Province	Information in relation to treatment of your personal data appears in the terms & conditions at www.airfrance.com or www.klm.com If you are already a member of Flying Blue, the information above will be taken into account
Country*	in our files. Please send your form to the following address: Flying Blue Petroleum
Professional Telephone Number (the first three boxes are for country code)	F- 94852 Ivry-sur-Seine Cedex France
Your Nationality * Must be completed	Date* D D / M M / Y Y Y Y Signature of person being sponsored*
mast 20 completed	