



Membership Application or Renewal Form

I have read ARSER objectives (statutes available at www.arser.org) and I wish to:
join* / renew my membership*.

Last name, first name: _____

Postal address: _____

Email address: _____

(ARSER members are informed by email)

Landline phone: _____ mobile: _____

- **Minimum annual SUBSCRIPTION FEE is 30 €.**

In return for your contribution and whatever its amount, you will receive a TAX RECEIPT allowing you in France to deduct 66% of its amount from your income tax to be paid the following year: after tax reduction, a contribution of 30€ thus only amounts to 10.20 €, while a contribution of 90 € only amounts to 30.60 €.

- An additional DONATION can be made to directly help medical RESEARCH.
(this donation is not tax deductible in France)

I / make a transfer* / enclose a check* / of: _____ € payable to ARSER, comprising:

- a Subscription part of: _____ € (in France, 66% deductible from my tax),
- a Donation part for research of: _____ € (not deductible in France).

I agree that my last name, first name, postal code, city and e-mail address appear in the site directory, only accessible to ARSER members.

Date: _____ Signature: _____

Bank details for a transfer (please specify "Subscription xxx €, Donation yyy €" in the reference):

La Banque Postale - Centre Financier
45900 LA SOURCE Cedex 9
FRANCE

Account number: 20041 01012 6701339E033
RIB key: 53
IBAN: FR41 2004 1010 1267 0133 9E03 353
BIC: PSSFRPPSCE

Please send scanned form to ecrire@arser.asso.fr

Please send paper form and/or cheque to:

ARSER
70 boulevard de l'Hôpital
75013 PARIS
FRANCE