



Membership Application or Renewal Form

I have read the objectives of ARSER (statutes available on www.arser.org) and I wish to:

☐ join it* ☐ renew my membership*

Title Last name First name

Postal address:
.....
.....

Email address: (ARSER members are informed par email)

Landline phone: mobile phone:

• **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:

☐ I cannot sign

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

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

Please send scanned form to: ecrire.arser@gmail.com

Please send paper form and/or cheque to:

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