

THE KINDReD ASSOCIATION - Membership Application Form

Contact details:

Please complete all details legibly:

Title: _____ First Name: _____ Name: _____

Address: _____

City: _____ Postcode: _____ Country: _____

E-mail: _____ Telephone: _____

Professional involved in the fight against infectious diseases: YES NO

If YES:

Function: _____

Organisation: _____

Contribution to the Association (please tick the box):

Premium Membership (physical): 30 €

Ordinary Member: 20 €

Premium Membership (morale): 100 €

Student*: 5 €

**(Please provide a photocopy of your student card)*

Make a donation:

20 €

50 €

75 €

100 €

Other: €

"I accept and agree to respect the rules of THE KINDReD ASSOCIATION drafted on the basis of statutes from the constitutive general assembly".

Total payment: _____ €

Date: _____

By ticking the box I acknowledge that I add my signature and I certify that all information I have provided is complete and accurate.

Payment methods:

Please complete one section below and return with your application

Please find herewith my full payment, for a total amount of _____ € (please tick the box):

Cheque made payable to "THE KINDReD ASSOCIATION"

Electronic transfer:

IBAN N°: FR45 3000 2006 3500 0000 6647 Q17

BIC code: CRLYFRPP

Please indicate both contribution reference and contribution date. If not indicated, it may not be possible to match the contribution to your adhesion.

Contribution reference: _____

Contribution Date: _____

Date: _____

By ticking the box and clicking 'Submit' I acknowledge that I add my signature and I certify that all information I have provided is complete and accurate.

Please forward this form with all other requested documentation by mail clicking on the SEND button

Or to the address below:

THE KINDReD ASSOCIATION

Executive Office

34 rue Carnot

93160 Noisy le Grand

France