

**Personal Information**

Name: .....  
Organization (\*) .....  
.....  
Date of Birth.....  
Address.....  
.....  
.....  
Position title.....  
CP City: .....Country: .....  
Tel: .....  
Fax: .....  
Email: .....  
URL: .....

**Name of two members that recommend your membership**

First member: .....  
Second member: .....

**ASMDO fees**

Individuals: .....15 Euros  
Institutions: .....200 Euros  
Students: .....10 Euros (please join or fax a copy of your student card)

**Mode of payment** <sup>(T)</sup>

- Bank draft payable to “Association ASMDO”
- Bank transfer to **account number** 42119802215 of Bank Populaire Bourgogne Franche Comté, **Bank code** : 10807, **Window code**: 00002, **Rib key** : 66.

***For international transfer:***

**IBAN : FR76 1080 7000 0242 1198 0221 566**  
**SWIFT(BIC) : CCBPFRPPDJN**

*(\*) Please provide the organisation name **in full**. If your organisation is commonly known by an acronym, please include both the acronym **and** the full name*  
*(T) Please fill the appropriate figures and return it to the ASMDO secretariat*