



## Club Francophone de l'Autophagie – CFATG membership

Date:

Last name:

First name:

Professional address:

Zipcode:

City:

Country/region:

Email:

Research areas (4 keywords):


I would like to become a CFATG member and I am paying my membership fee:

15 euros for the current year  
(until December 31<sup>th</sup> of this year)

25 euros for two years

30 euros for three years

I want to receive an adhesion certificate.

I refuse that my above mentioned information were shared with third parties

Place:

Date:

Signature:

Payment details:

- Chèque to CFATG and membership form to: Audrey Esclatine – I2BC UMR9198 - 5 rue JB Clément - 92296 Châtenay-Malabry cedex).

- Bank transfer: CFATG account : IBAN : FR76 1820 6002 4165 0493 2806 563 and membership form by email: [audrey.esclatine@u-psud.fr](mailto:audrey.esclatine@u-psud.fr).