

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 31th 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:

Bank transfer: CFATG account: IBAN : FR76 1690 6000 2887 0604 5078 072 and membership form by email: iban.seilliez@inrae.fr

Or

Chèque to **CFATG** and membership form to:

Iban SEILLIEZ – Aquapôle INRAE – UMR1419 NuMeA – 64310 St Pée-sur-Nivelle, France