



## Newsletter Membership

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**I have read the objectives of ARSER and I would like to subscribe to it.**

Last name, First Name: \_\_\_\_\_

Postal address: \_\_\_\_\_

Email address: \_\_\_\_\_

*(Members of ARSER are informed by email)*

Phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

• **The minimum amount of the annual SUBSCRIPTION FEE is 30 €.**

*In return for your contribution, regardless of the amount, you will receive a TAX RECEIPT allowing you to deduct 66% of the amount contributed to the ARSER from your income tax payable, in France, the following year.*

*After tax reduction, the contribution of 30 € is only 10.20 €; A possible contribution of 90 € would only be 30.60 €.*

• **A supplementary DONATION intended to directly assist the medical RESEARCH can be made.**

*(This donation cannot qualify for a tax deduction, in France.)*

I make my cheque payable to ARSER for: \_\_\_\_\_ €, including:

A Contribution portion (Deductible to 66% of my tax in France) of: \_\_\_\_\_ €

A portion of the research grant (Non-deductible) of: \_\_\_\_\_ €

I agree that my surname, first name, city, postal code, email address are included in the directory of the site, which is accessible only to members of the ARSER.

On (date): \_\_\_\_\_ Signature: \_\_\_\_\_

**Newsletter and cheque to send to:**

**ARSER  
Mr. Philippe REMIGIUS  
10 avenue Dubonnet  
F- 92400 COURBEVOIE  
FRANCE**