



Newsletter Membership

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
31 bis avenue de Paris
92320 Chatillon
FRANCE**