

**Membership at l'A.S.C.E.A**  
**2014/2015**  
**(01.09.2014 to 30.09.2015)**



The cards are issued every wednesday from **12 h 30 to 13 h 30** at Restaurant 1 from September to June or via **mail** by sending the documents cited below at the **ASCEA Office - building 103** ([alexandra.caron@cea.fr](mailto:alexandra.caron@cea.fr) : ☎ 26.74 📠 23.91)

**Required documents:**

*Present your badge when registering (or a color photocopy)*

1. The **REGISTRATION FORM** completed available from A.S. CEA : [www.asceacad.fr](http://www.asceacad.fr)
2. The **CARD ASCEA of previous year** or an **IDENTITY PICTURE**
3. The fee of **11 €** in cash or check made out to A.S.CEA Cadarache

If you are interested in the insurance MAIF « I.A. Sport + »

Please contact ASCEA secretary

It is recalled that the practice of a sport with ASCEA requires to providing a medical certificate valid (less than 1 year)

**A.S.C.E.A Cadarache**

☒ Building 103 ☎ 26.74 📠 23.91

New membership       Renewal membership  
 N°AS .....

**REGISTRATION FORM\* - Season 2015**

*(from 01/09/2014 to 30/09/2015)*

Sport(s) : ..... ; ..... ; .....

NAME	First name	Date of birth

<input type="checkbox"/> CEA (membre de droit)	
<input type="checkbox"/> Membre conventionné :	<input type="checkbox"/> ITER (yellow badge)
	<input type="checkbox"/> Other, specify .....
<input type="checkbox"/> Other (membre associé) :	
specify : society : ..... or Outside <input type="checkbox"/>	
Contractor of : <input type="checkbox"/> CEA <input type="checkbox"/> ITER/F4E/DA	

Specify :	<input type="checkbox"/> Staff
	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Child
	<input type="checkbox"/> Retired
	<input type="checkbox"/> Student
	<input type="checkbox"/> PhD Student

Service : ..... Tél. : ..... Building : .....

Email : .....@ .....

Address (home) : .....

\*all fields are required

I certify :

- ✓ That the information herein are correct
- ✓ Authorize my minor child to appear on photographs that could be used for non-commercial publications
- ✓ Be informed about the complementary insurance MAIF « I.A. Sport + »
- ✓ Provide a medical certificate valid (less than 1 year) at the section to which I subscribe

At Cadarache,

Signature

The information collected is necessary for your membership. They are subject to computer processing for ASCEA secretary. Under article 34 of the law of 6 January 1978, you can access and rectify information concerning you. If you wish exercise this right and obtain communication information about you, please contact Alexandra CARON ☎ 26.74 fax 23.91 [alexandra.caron@cea.fr](mailto:alexandra.caron@cea.fr).