NAME:
Date of Birth:
Address:

City:
Employer/Dept./Building:

## Phones: Mobile:

ASCEA card number 2021-2022:

First NAME:
Email:

City code:

Home:
Renew: Yes / No

CATEGORY:

|  | Catégorie | Tarif cotisa. |
| :--- | :--- | :---: |
| AA | CEA staff | $20 €$ |
| AC | Spouse or child of CEA staff | $20 €$ |
| AR | Retired | $20 €$ |
| CA | ITER Staff | $20 €$ |
| XA | Associated member (contractor, IRSN, TA, exteriors) <br> Contact person on the center: | $40 €$ |
| TA | Research student, PhD Student, Postdocs | $20 €$ |
| RA | External trainee | $20 €$ |
| KI | Child (< 16 years old) | $11 €$ |
| SA | CEA trainee | $11 €$ |

INSURANCE - FFME LICENCE:
Which is your insurance company? (MAIF, MATMUT, GMF, ...) : $\qquad$
Do you have a licence for this year (CAF, FFME, ...) ? :
If YES, associated to which club? : $\qquad$

Name and phone number of an emergency contact person: $\qquad$

Please sent this form to Secrétariat section Montagne - IRFM - Bâtiment 507 with:
$\square$ A valid medical certificate (less than 1 year) appropriate to the outdoor sports of the section (speleology, climbing, cannoning, hiking, ski touring, ...).
$\square$ A cheque for your membership payable to ASCEA Section Montagne.

I certify that I have been informed about the complementary insurance MAIF «I.A. Sport + ».

## Signature:

Date:

