

NAME:

First NAME:

Email:

Address:

City code - City:

Date of Birth:

Employer/Dept./Building:

Phones: Mobile:

Home:

Work:

ASCEA card number 2024-2025:

CATEGORY:

	Catégorie	Tarif cotisa.
AA	CEA staff	20 €*
AC	Spouse or child of CEA staff	20 €*
AR	Retired from CEA	20 €*
CA	ITER Staff	20 €*
XA	Associated member (contractor, IRSN, TA, exteriors) Contact person on the center:	40 €
TA	Research student, PhD Student, Postdocs	20 €*
RA	External trainee	20 €
KI	Child (< 16 years old)	12 €
SA	CEA trainee	12 €

* Aid from Social Committee deducted

INSURANCE – FEDERAL LICENSE:

What is your insurance company? (MAIF, MATMUT, GMF, ...) : _____

Do you have a federal license for this year (CAF, FFME, FFS) ? : _____

If YES, associated to which club? : _____

! Name and phone number of an emergency contact person: _____

Please sent this form to: **Frédéric Clairet – IRFM – Bâtiment 508 - Centre de Cadarache – 13115 Saint Paul Lez Durance**

Or return this form by email with proof of payment by Hello Asso

with:

- ☐ A **valid medical certificate** (less than 1 year) appropriate to the speleology or ski mountaineering activities only
- ☐ A **cheque** for your membership payable to ASCEA Section Montagne or **proof of on line payment** HelloAsso (ask for the link).

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

Signature:

Date:

The information collected is necessary for your membership. They are subject to computer processing and are intended for the Section Montagne secretariat. In application of the GDPR (General Data Protection Regulation), you have the right to access and rectify information concerning you. In this case, please contact the secretariat of the Section Montagne or its president.