

NAME:**FIRST NAME:****Email(s) (work and/or personal):**

Address:

Cite code - City:

Date of Birth:

Cadarache staff -> Dept./Service/Build.:

Phones.: Mobile:

Home:

Work:

ASCEA card number 2025 – 2026 (mandatory):**CATEGORY :**

	Category	Price contrib.
AA	CEA staff	22 €
AC	CEA Spouse or child	22 €
TA	CEA PhD Student	22 €
AR	Retired from CEA	22 €
CA	ITER org staff	22 €
XA	Non-CEA, Non-ITER org (exteriors)	44 €
RA	External trainee	22 €
SA	CEA trainee	13 €
KI	Child (<18 years old)	13 €
EN	Non-contracted instructor	22 €

INSURANCE - FFME LICENSE :

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

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

If YES, associated to which club? _____

**Emergency contact person (Name AND phone number):** _____**CHOSEN PAYMENT METHOD (check one):**☐ Online payment with **HelloAsso (highly recommended):** <https://www.helloasso.com/associations/ascea-cad-section-montagne/adhesions/adhesion-2025-2026>↳ Please **attach this form** when making your payment on HelloAsso☐ **Cheque** for your membership payable to ASCEA Section Montagne↳ Please **send this form** by email to : secretaire.montagne@gmail.com*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.