

Membership and/or donation form

Please return this form to :

GEPROVAS - Institut d'anatomie pathologique – Faculté de médecine – 4 rue
Kirschleger – 67085 Strasbourg CEDEX – France

✓ I would like to support the GEPROVAS through:

☐ a Membership of 50,00€ per year

☐ a donation

✓ I join to this form the amount of Euros

Payment method :

☐ Cheque to the GEPROVAS

☐ Money

Please send me back the receipt of my participation to :

M./Mme LAST NAME:

FIRST NAME :

ADRESS:

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ZIP:

City:

Country:

Email :