



World Alliance Against Antibiotic
Resistance

Membership Subscription 2018

Name:

(in case of corporation also indicate the representative)

First Name:

occupation:

Professional Address:

home address

phone

E-mail:

- Physical Person, annual fee € 50 check on a French Bank payable to AC-de-BMR to be attached to the Membership form.
- Legal Entity, annual fee of € 150 Minimum on a French Bank Amount payable to AC-de-BMR by check to be attached to the Membership form.

done at

the

signature

Bulletin to be returned with you check
AC-de-BMR c/o JPH 4 Ter avenue Charles de Gaulle, 92100 Boulogne-Billancourt, France
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Losserand, 75014 Paris