



SFBT Membership Form

[SFBT](#) [-] [v]

NAME: Given Name(s):
AFFILIATION and MAILING ADDRESS:

Phone: Fax:
E-mail:

Scientific activity and interests:

References of a few characteristic publications
(research, education, popularization, etc.):

- Joins the SFBT for the year .
- Encloses a cheque of euros payable to the SFBT.
 - 15 euros for students,
 - 25 euros for other members.
- Uses an intermediate organization (Accountant, Library, ...).
Name and Address of this Organization (#):
- Other (specify):
- Wishes to receive a bill : [YES] [NO] (Delete which does not apply).

Date: Signature:

This form and the possible order should be transmitted to

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(#) **Attention:** For proper processing, the order should mention the Name(s) of concerned Member(s).