



MEMBERSHIP FORM

Surname: First name:

Address:

Zip: City: State:

Phone: E-mail:

I, the undersigned, would like to join the MESD association as:

- An adherent member: €40
- An active member: €40
- An institutional member: €500

For further details on members and subscriptions please refer to the statutes, Article 6.

I certify that I have read the internal rules (<http://mesd.org/en/presentation/rulesProc.htm>) and the statutes of MESD (<http://mesd.org/en/presentation/statuts.htm>) and adhere to its principles.

Date: Signature:

Please return this form along with your contribution by cash or check to:

MESD Association, ICN BUSINESS SCHOOL
13 rue Michel Ney
CO 75 54037 NANCY
FRANCE

