Application Form for Admission to the

SolarMed Association

We wish to register as a member of the **SolarMed Association** on the conditions and with the advantages indicated on its web site www.solarmed.com

Company name:		
Activity:		
Contact : ❒ Mr. ❒ Ms. ❒ Mrs.		
Postal Address		
Phone:	Fax :	Email:
Web site		

Modes of payment for membership fee of €1 300.

❒ Bank check payable to APRC

❒ Credit card: ❒ Visa ❒ Amex
No.:. . . . . Expiry date. . . . . .

❒ Bank transfer to: APRC - Acc. N°. 00027079494
BNP Paribas La Muette (00364)
IBAN: FR76 3000 4003 6400 0270 7949 414
Swift/BIC: BNPAFRPPPAK

Date Signature

NB: For further information, please contact: solarmed@solarmed.com