



Membership Application Form

Full Name (Mr. Mrs. or Miss) _____

Address: _____

Telephone: _____ **Fax:** _____

E-mail: _____

Nationality: _____ **Year of Birth:** _____

Occupation: _____

What is your reason for supporting AOMDA? _____

Date: _____ **Signature:** _____

Per year: 50 euros or \$ 50 _____

Life membership: 500 euros or \$ 500 _____

Membership dues enclosed: _____

Please send your check in US dollars or Euros to:

AOMDA
5 bd Raymond Poincaré
92430 Marnes-la-Coquette

Office Use Only 02/11

Membership # _____

Date Joined: _____

Received: _____

Thank you for your support!

www.aomda.com