

# Inclusive Development Research Association for Mankind Adhesion Form




Gender	Mrs [ ] Mr [ ]		(* Kept as confidential data)	
<b>SUR NAME, First Name</b>				
Date of birth (dd/mm/yyyy)*				
Place of birth (country/city)*				
Address*				
Postal Code			City	
Country				
Email*				
Fixed Phone*			Mobile*	
Profession			Speciality	
Domain of Interests (3 key words)				
Membership Fee	[ ] per MONTH or [ ] per YEAR	Choose your membership payment interval	€ [ ] per month/year	Delete inappropriate one.

I wish to join in the I-DREAM (Inclusive Development Research Association for Mankind).

I declare that the above information is exact and promise to honor the Association Status.

Date (dd/mm/yyyy) :

signature



## Direct Debit Mandate SEPA

By signing this mandate form, you authorise (A) **I-DREAM** to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from **I-DREAM**. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. *(Please complete all the fields marked \*)*

**Mandate reference (if needed):** \_\_\_\_\_

<p><b>Debtor:</b></p> <p>Name* _____</p> <p>Address* _____</p> <p>Postcode* _____ City* _____</p> <p>Country* _____</p> <p>IBAN* <span style="border: 1px solid orange; display: inline-block; width: 100px; height: 15px;"></span> <small>Account number - IBAN (International Bank Account Number)</small></p> <p>SWIFT BIC* <span style="border: 1px solid orange; display: inline-block; width: 100px; height: 15px;"></span> <small>BIC (Bank Identifier code)</small></p> <p>City or town in which you are signing* _____</p>	<p><b>Creditor: I-DREAM</b></p> <p>Name Inclusive Development Research Association for Mankind</p> <p>Address 60 rue Emeriau, 75015 Paris FRANCE</p> <p>Creditor ICS <b>FR62ZZZ675469</b></p> <p>Type of payment* (one choice)</p> <p><input type="checkbox"/> Recurrent payment</p> <p><input type="checkbox"/> One-off payment</p>
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Date\* \_\_\_\_\_

Day                      Month                      Year

Signature :

**Note:**

Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.