



# Institut Afrique Monde-Côte d'Ivoire

This membership form is to be returned duly completed by mail to Institut Afrique Monde-Côte d'Ivoire - 22 PO BOX 757 Abidjan 22, or by email to [contact@institutafriquemonde.org](mailto:contact@institutafriquemonde.org).

## Personal information

Last name : \_\_\_\_\_ Date of birth : \_\_\_\_\_  
First name : \_\_\_\_\_  
Activity : \_\_\_\_\_  
Nationality : \_\_\_\_\_

## Contact details

### Professional Address

Postal Box : \_\_\_\_\_  
Phone : \_\_\_\_\_ Mobile : \_\_\_\_\_  
E-Mail : \_\_\_\_\_

### Presonnal Address

Postal Box : \_\_\_\_\_  
Phone : \_\_\_\_\_ Mobile : \_\_\_\_\_  
E-Mail : \_\_\_\_\_

## Membership application and donation

I'm applying for membership of the Institut Afrique Monde-Côte d'Ivoire.

I pay this amount by :

- Cheque (to the order of Institut Afrique Monde-Côte d'Ivoire)  
 Cash  
 Bank transfer

My options :

- Member (annual fee: 30 000 FCFA, student rate 5 000 FCFA)  
 **I wish to complete my membership with a donation of \_\_\_\_\_ FCFA to the Institut Afrique Monde-Côte d'Ivoire** (A donation receipt can be sent to you on request)  
 ***I would like to receive the IAM-CI newsletter (monthly)***

## Responsibility and signature

I certify that the above information is accurate and honest.

If my application is accepted, false or erroneous information given in this form may lead to my disbarment.

Signature, preceded by the words "Read and approved" :

Done at :

On :