



*Office Use Only – 09/2013*

Membership #: \_\_\_\_\_

Notes: \_\_\_\_\_

GHP: \_\_\_\_ Yes \_\_\_\_ No Date: \_\_\_\_\_

**AARO CORPORATE MEMBERSHIP APPLICATION – PLEASE PRINT THIS PAGE!**

Company name: \_\_\_\_\_

Industry: \_\_\_\_\_ Location of world headquarters: \_\_\_\_\_

Contact person in France: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address, Postal Code and City: \_\_\_\_\_

Phone ☎: (+ \_\_\_\_\_) \_\_\_\_\_ Fax ☎: (+ \_\_\_\_\_) \_\_\_\_\_

Number of US citizen employees in France: \_\_\_\_\_

Approximate number of household family members of US citizen employees: \_\_\_\_\_ (Optional) (For statistical purposes only – does not affect membership fee indicated below for number of US citizen employees)

**AARO corporate membership dues are invoiced on the anniversary of the date on which you initiate your membership. We look forward to your participation in AARO!**

All of your US citizen employees are entitled to participate in the activities of the organization and to join the AARO health care program.

Please attach a list of their names, email addresses, phone numbers and mailing addresses to this form.

With that information in our system, we will be able to ensure that they receive prompt notice of our activities.

You may update that list at any time by providing new information to us, via email at [aaro@aaro.org](mailto:aaro@aaro.org).

No. of US citizen employees	Annual dues
1-10:	€ 500
11-25:	€ 1,000
26-50:	€ 2,000
51-100:	€ 4,000
101+	€ 5,000

**Make check payable to AARO and mail this form to:**

**AARO Membership**

34 avenue de New York

75116 Paris, FRANCE

Tel: (33) 1 47 20 24 15 Fax: (33) 1 47 20 24 16

*Payments should be made by check in euros, drawn on a French bank account. Your bank statement or cancelled check is your receipt.*

Membership Dues Total: \_\_\_\_\_

Supportive Contribution: \_\_\_\_\_

Total Amount Enclosed: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_