

MEMBERSHIP FORM 2024



Ensemble, concilions maladie et travail.

■ Name of the company, the organization :

Mailing Address :

Zip Code :

City :

Country :

Workforce number :

Annual membership fee 2024

Company, non-profit organization :

✧ Less than 200 employees : 1 000 Euros

✧ From 201 to 1 500 employees: 5 000 Euros

✧ From 1 501 to 5 000 employees : 8 000 Euros

✧ More than 5 000 employees: 10 000 Euros

Administration, regional government, foundation or care center (free amount) : Euros

■ Representative of the company or organization :

Last Name :

First Name :

Position :

Phone :

Email address :

■ Operational contact for Cancer@Work :

Last Name :

First Name :

Phone :

Email address :

■ Media contact :

We are regularly solicited by the media on innovative practices and actions in terms of integration, job retention and improving the quality of life of people affected by cancer or chronic illness, please specify the person authorized to respond to such requests.

Last Name :

First Name :

Phone :

Email address :

■ You authorize Cancer@Work to post the following information on its website :

☆ Name of your company/organization

☆ Logo of your company/organization: please provide us with your logo in raster (Jpg, Png) and vector (Ai, Eps) formats, dimensions 446 X 446 pixels.

■ Payment of the membership fee on receipt of the invoice

Your payment must be sent by bank transfer to CIC IBERBANCO Paris Alésia :

RIB : 30066 11022 000 301 107 01 43

IBAN : FR76 3006 6110 2200 0301 1070 143 / BIC : CMCIFRPP

Name and position of the signatory :

Date :

Place :

Signature :

Cancer@Work ☆ Non-profit organization

Register number : 789 426 996 00029 - 13 avenue Le Brun 92160 Antony - FRANCE

Email : npresson@canceratwork.com - Website : www.canceratwork.com