



Demand of adhesion to **friends of cicbaa**

(the admission to the Association is pronounced by the Council of Administration and it begins after payment of the entrance fee)

Name.....

Surname.....

Professional adress

Tel.....Fax.....

Private address (not required)

Tel.....Fax.....

Allergist : YES NO

Other speciality.....

Mode of practice : Private
In hospital
Both kind of practices
Other (Precise).....

In..... On.....

Signature

Stamp



Service de
Médecine Interne,
Immunologie Clinique
et Allergologie
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