Application Form EVSO-B

Name :

Forname :

Titre :

Address:

Zip Code and Town:

Country:

e-mail:

Phone :

I hereby submit my membership to EVSO® in order to become an EVSO-B member.

I have read and accept the legal notice of EVSO®.

I enclose with my application a copy of my diploma of veterinary doctor or of my student card.

I undertake to pay the annual fee of EVSO-B € 50.-

* By bank transfer
* By Paypal

DATE and SIGNATURE: