



www.stopalacybertorture.org

To inform, support and defend people who are victims of electromagnetic harassment, cybertorture, remote mind control or any other form of technological torture.

MEMBERSHIP APPLICATION FORM – YEAR 2026

1. Personal information (in capital letters)

Name :

First name :

Postal address:

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Code Postal :

Will:

Phone :

E-mail address :

2. Annual membership fee

Please tick the box that applies to your situation:

☐ Standard membership fee: 6 euros

☐ Support contribution: amount of your choice euros

Payment method attached:

☐ Check payable to: STOP CYBERTORTURE

☐ Bank transfer (please indicate "2026 MEMBERSHIP + Your "Name" in the payment details)

3. Commitment and Confidentiality

By signing this form, I declare that I want to become a member of the STOP CYBERTORTURE association.

I certify that I have read its objectives and I undertake to respect its statutes and charter.

☐ Newsletter: I agree to receive information, newsletters and news from the association by email.

Data Protection (GDPR): The information collected on this form is necessary for managing your membership. It is intended exclusively for the association's internal use and will under no circumstances be transmitted or sold to third parties. In accordance with the law, you have the right to access, rectify, and delete your data by contacting the association.

Done at: , on: / / 2026

Member's signature:

Please return the completed and signed form, along with your payment, to the association's address shown at the bottom of the page.