



# INDIVIDUAL ASSOCIATE MEMBERSHIP FORM

## International Coalition for the Abolition of Surrogate Motherhood

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Abolition of Surrogate Motherhood

To be send to: [abolition.surrogacy@gmail.com](mailto:abolition.surrogacy@gmail.com)

Names and surnames.....  
Address: .....  
.....  
Phone number ..... Mail: :.....

I, the undersigned (*Name and surname*):.....

- acknowledge that I have read and understood the statutes of the COALITION FOR THE ABOLITION OF SURROGATE MOTHERHOOD (CAMS) ) <http://abolition-ms.org/en/statutes/> (\*)
- adhere to the principles and objectives of the association (\*)
- signs the charter for the abolition of surrogate motherhood as published in <http://abolition-ms.org/en/charter/> (\*)

(\*) membership conditions

**Article 2 – Aim**

The Association thus created is defined as a structure that promotes the rights of women on feminist positions and in particular:

- → gender equality
- → emancipation and autonomy of women
- → legal access to abortion and contraception
- → equality between heterosexual and homosexual.

Its purpose is to contribute to the adoption and implementation of legislation and public policies to abolish surrogate motherhood at national, continental, and international levels.

To achieve this objective, the Association may implement several types of actions:

- → strengthen the capacity of actions of all its members in their respective mobilizations
- → lead and coordinate joint actions to increase the collective impact of its members
- → analyse, criticize, co-author texts that can be presented to the competent parliamentary and executive bodies, in order to obtain European and international legislation in favour of the abolition of surrogate motherhood.

The minimum annual contribution is set at 50 euros or up if possible. In case of financial hardship please contact [abolition.gpa@gmail.com](mailto:abolition.gpa@gmail.com) and we will study the case carefully.

- Payment by Bank transfer: account CIAMS 37 avenue Pasteur 93100 Montreuil  
IBAN FR76 1751 5900 0008 0129 5629 349 BIC CEPAFRPP751
- Payment by Papal [https://paypal.me/CoalitionCAMS?locale.x=fr\\_FR](https://paypal.me/CoalitionCAMS?locale.x=fr_FR)

Issued in \_\_\_\_\_ on \_\_\_\_\_

Signature \_\_\_\_\_