****

**Application Form for Membership**

Name of Organisation:

Short name (abbreviation/acronym):

Address:

City:  Region:

Post Code:  State/Country:

Type of Organisation:  Company  RTD  Organisation  Associate Members

VAT or Official Registry number:

**Contact Person:**

Title:  Ms  Mr  Dr  Prof

First Name:  Family Name:

Contact email:

Website for Organisation:

If a company, please enter Turnover in € Millions for the previous year:

If a RTD Organisation, please give the number of   
research personnel & technicians employed in the previous year:

Date:

Signature:

Please send scan of completed form to [secretariat@eatip.eu](mailto:secretariat@eatip.eu)

or a copy to EATIP – Rue de Paris, 9 – B4020 Liege – Belgium