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**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

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