

Application for Membership in the Association ScanBalt fmba

I, the undersigned _____, hereby apply for (tick box):

Founding membership (FOU)

Institutional membership (INS)

Affiliated membership (AFF)

Name of Institution/Organisation/Enterprise

Address of Institution/Organisation/Enterprise

Phone, fax, e-mail and homepage

VAT Number in native country

Contact person - job title, name and e-mail address

I declare to have read and understood the Statutes and Standing Orders of ScanBalt fmba:

Date and Place

Signature

Stamp if available