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| jpeg color with baseline | To be completed and returned to:**ECTRI aisbl****Rue du Trône 98****1050 BRUSSELS, Belgium**Tel : + 32 (0)2 500 56 87Fax : +32 (0)2 500 56 89 office@ectri.org [www.ectri.org](http://www.ectri.org) Company : 0831 370 370 |

**APPLICATION FORM FOR ECTRI MEMBERSHIP**

**Having read the Statutes and been informed of the structure and level of annual fees,**

**Registered name and address of Organisation legally established:**

**Legally represented by:**

(Name and official position)

**Applies for membership to the ECTRI Association and commits - to comply with the provisions of the ECTRI Statutes, the internal rules and other decisions of the ECTRI Assembly of Members, - to acquit the payment of the annual fees, - to support the vision, mission and objectives of the Association and - to actively contribute to its activities.**

**On behalf of the Organisation,**

**Read and approved**

Place and date:

Stamp: Signature: