



APPLICATION FOR ASSOCIATE MEMBERSHIP

ASSOCIATE INFORMATION

Contact Person:	
E-mail:	
Associate Name in Full:	
Associate acronym:	
Logo to be used on the EUTERP webpage: Please send a high resolution jpeg version	
Website address:	
Financial Contact:	
E-mail:	
Postal Address:	

INSTRUCTIONS

1. **Please complete the information requested above, signed and dated below and send the completed form (scanned, pdf or Word) to secretary@euterp.eu**
2. **Please subscribe to the EUTERP Newsletter if you have not already done so, on the Homepage at www.euterp.eu**

Date and signature: