



## APPLICATION FOR ASSOCIATE MEMBERSHIP

### ASSOCIATE INFORMATION

Contact Person:	
E-mail:	
Associate Name in Full:	
Associate acronym:	
Logo to be used on the EUTERP webpage:	
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](mailto:secretary@euterp.eu)**
2. **Please subscribe to the EUTERP Newsletter if you have not already done so, on the Homepage [www.euterp.eu](http://www.euterp.eu)**

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Date and signature: