

APPLICATION FORM

INDIVIDUAL MEMBER

Annual Fee 2019 € 600,00

Name: _____ Family Name: _____

Function/Profession: _____

Tel.: _____ Email: _____

Address: _____

Postal Code: _____ City _____ Country: _____

Place and date: _____ Signature and Stamp _____

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If any, provide reference of your Organisation

Organisation Name: _____ Acronym _____

Typology (Public, Private, Non-Profit): _____

Main Activities: _____

Address: _____

Postal Code: _____ City _____ Country: _____

Please, send this form duly filled-in and signed to:
info@asscres.eu