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

**APPLICATION FORM FOR ECTRI MEMBERSHIP**

**Having read the ECTRI Association’s 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: