



MEMBERSHIP FORM 2021

We,,
declare to become a member of the European Regions Research and Innovation Network (ERRIN) asbl as a:

Full member Associate member

Desired start of membership (dd-mm-yyyy)	
Address of your organisation (including street, street number, post code, city, and country)	
Invoicing information	
Organisation name	
Address (street, street number)	
Post code	
City	
Country	
VAT number (if applicable)	
Contact details of person to address the invoice to	
First name, last name	
Email address	
Phone number	
Contact details of day-to-day contact person	
First name, last name	
Email address	
Phone number	
We declare to respect ERRIN's Articles of Association and internal rules and to not use information obtained from ERRIN for commercial purposes.	
Signature (stamp if available): 	

Note: The ERRIN secretariat will send an invoice for the membership fee to the above-mentioned person. For the first year of the membership, ERRIN will invoice you pro-rata according to your starting date. The membership is renewed automatically every year. If you wish to cancel your membership you must inform the ERRIN secretariat by the 30 September the year preceding the year you wish to leave the network.

For any further information, please contact:

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