

## MEMBERSHIP FORM 2024

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

☐ **Full member**      ☐ **Associate member**

|   |                             |
|---|-----------------------------|
| <b>Desired start of membership</b><br>(DD/MM/YYYY)  |                             |
| Official organisation's name<br>(this is how it will appear on the website)   |                             |
| Organisation's name in English  |                             |
| Office address (in case of full member, address of the Brussels Office)   |                             |
| <b>CONTACT DETAILS</b>  |                             |
| <b>Director/Head of Office (in case of full member, Head of the Brussels Office)</b>  |                             |
| First name, last name   |                             |
| Email address   |                             |
| <b>Day-to-day contact person</b>  |                             |
| First name, last name   |                             |
| Email address   |                             |
| Phone number  |                             |
| <b>Administrative/Financial contact</b>   |                             |
| First name, last name   |                             |
| Email address   |                             |
| Phone number  |                             |
| <b>Invoicing information</b>  |                             |
| Organisation name   |                             |
| Address (street, street number)   |                             |
| Post code   |                             |
| City  |                             |
| Country   |                             |
| VAT number (if applicable)  |                             |
| Do you require e-invoicing?   | Yes                      No |
| References to be added  |                             |
| <p>We declare to respect ERRIN's Articles of Association and internal rules and to not use information obtained from ERRIN for commercial purposes.</p> <p>Signature of the legal representative (stamp if available):                      ERRIN signature for approval:</p> |                             |

**Note:** The membership is renewed automatically every year. To cancel your membership please inform the ERRIN secretariat by written notice by 30 September. The cancellation of the membership will come into force at the end of the year in which the written notice was made.

**For any further information, please contact:**

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