

MEMBERSHIP FORM 2026

We request 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)	
Official organisation's name	
Organisation's name in English (this is how it will appear on the website)	
Office address (in case of full member, address of the Brussels Office)	
CONTACT DETAILS	
Director/Head of Office (in case of full member, Head of the Brussels Office)	
First name, last name	
Email address	
Day-to-day contact person	
First name, last name	
Email address	
Phone number	
Administrative/Financial contact	
First name, last name	
Email address	
Phone number	
Invoicing information	
Organisation name	
Address (street, street number)	
Post code	
City	
Country	
VAT number (if applicable)	
Is your organisation in the PEPPOL e-invoicing system?	☐ Yes ☐ No
Do you require any specific e-invoicing procedure (e.g. national e-invoicing platform for public administrations)	
We declare to respect ERRIN's Articles of Association and internal rules and to not use information obtained from ERRIN for commercial purposes. Signature of the legal representative (stamp if available): ERRIN signature for approval:	

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:

Ewa Chomicz, Policy and Engagement Manager, T: +32 470 416 360, E: ewa.chomicz@errin.eu