

MEMBERSHIP FORM 2019

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

- Full member** (2700 EUR annually)
- Associated member** (2100 EUR annually)

Desired start of membership (YYYY/MM/DD)	
Address of your organisation (including post code, city, and country)	
Name of invoicing organisation (leave blank if same as above)	
Address of invoicing organisation (leave blank if same as above)	
Contact details of person to invoice	
Name	
Email	
Phone number	
Contact details of day-to-day contact person	
Name	
Email	
Phone number	
<p>We declare to respect ERRIN's internal rules and statutes and to not use information obtained from ERRIN for commercial purposes.</p> <p>Signature (stamp if available):</p>	

Note: The annual membership fees are agreed at the Autumn AGM, which is open to all members. The ERRIN Secretariat will send an invoice for the membership fee to the above-mentioned person to invoice. For the first year of the membership, ERRIN will invoice you pro-rata according to your starting date.

For any further information, please contact:

Anna Tranberg, Member Relations Officer, T: +32 470 41 63 60, E: anna.tranberg@errin.eu