# JOIN EAMBES: Membership application form

ORGANISATION NAME: Insert the name of the organisation you are sending the application for (if it is the case please specify the name of the department / laboratory / unit within the organisation)

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DESCRIPTION: Write a short description (200 words) on your organisation.

Alternatively attach to your request a separate file with your organisation curriculum vitae.

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WEBSITE: preferably the homepage and the page with the composition of the board.

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MEMBERSHIP CATEGORY: There are two membership categories, for which you can apply. Please tick the proper box below, and follow the proper instruction accordingly:

* a National or Regional Scientific Society, or a Division of it (follow the instructions at page 2)
* an Academic and/or Research Institutions and/or Program, or a Division/Department/Unit of it (follow the instructions at page 3)

Please send this application form by email to the manager of EAMBES at mailto:Manager@eambes.org

The Membership Committee will review your application. You will receive a response within the next six weeks from the receipt of your request. Thank you for applying for the EAMBES membership!

***1. Scientific Societies, or Divisions of it.***

*⁯* ***National****:* National societies are those whose membership encompasses mostly one European country

*⁯* ***Trans-European****:* Trans-European Societies are those that have, and whose objective is to have, members from several different European countries.

In both cases the EAMBES Due (fees) are calculated as following: 2€/year per Society (or division) member (i.e. if you have 100 members the annual fee will be €200).

Please, indicate the number of members your Society represents in regards to EAMBES:

*……………………………………………………………………………………………………………….*

Please indicate the following physical person(s) within your organizations that EAMBES can contact on various matters

**DELEGATE** in EAMBES General Council: This is the physical person we will consider as first EAMBES representative within your organisation, with whom we will primarily interact (send information, ask for inputs etc).

Name ……………………………………………………………………………………………

Surname…………………………………………………………………………………………

Role in the National/Regional Society………………………………………………………….

e-mail address…………………………………………………………………………………...

Phone……………………………………………………………………………………………

**PRESIDENT**: indicate, if different, the physical person we shall consider as the head of your organisation.

Name ……………………………………………………………………………………………

Surname…………………………………………………………………………………………

e-mail address…………………………………………………………………………………...

Phone……………………………………………………………………………………………

**SECRETARY**: indicate, if different, the physical person we can send information (e.g. newsletter) to be distributed within your organization.

Name ……………………………………………………………………………………………

Surname…………………………………………………………………………………………

e-mail address…………………………………………………………………………………...

Phone……………………………………………………………………………………………

**TREASURER**: indicate the physical person we can send the membership fee bills.

Name ……………………………………………………………………………………………

Surname…………………………………………………………………………………………

e-mail address…………………………………………………………………………………...

Phone……………………………………………………………………………………………

Please be sure you update the EAMBE in case any of those person changes in future.

***2. Academic and/or Research Institutions and/or Program, or a Division/Department/Unit of it***

This is for any Academic/Research Institutions/ Programmes, or its Division/Department/Unit, which have activities in education and/or training and/or research within areas relevant to the activities or interests of EAMBES.

EAMBES Due: a standard fee of 200€ per year.

Please indicate the following physical person(s) within your organizations that EAMBES can contact on various matters

**DELEGATE** in EAMBES General Council: This is the physical person we will consider as first EAMBES representative within your organisation, with whom we will primarily interact (send information, ask for inputs etc.).

Name ……………………………………………………………………………………………

Surname…………………………………………………………………………………………

Role in the National/Regional Society………………………………………………………….

e-mail address…………………………………………………………………………………...

Phone……………………………………………………………………………………………

**HEAD**: indicate, if different, the physical person we shall consider as the head of your organisation.

Name ……………………………………………………………………………………………

Surname…………………………………………………………………………………………

e-mail address…………………………………………………………………………………...

Phone……………………………………………………………………………………………

**SECRETARY**: indicate, if different, the physical person we can send information (e.g. newsletter) to be distributed within your organization.

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Please be sure you update the EAMBE in case any of those person changes in future.