**APPLICATION FOR EPOSS MEMBERSHIP**

This signed document testifies that the organisation agrees to become a member of the EPoSS Association.

Membership becomes effective after signature of this application form and confirmation by the EPoSS Board.

|  |  |
| --- | --- |
| Organisation name: | Name of your Organisation |
| Address: | Street |
|  | Postal Code, City |
|  | Country |
| Address for invoices (if different): | Street |
|  | Postal Code, City |
|  | Country |
| VAT ID: | VAT ID |
| Contact person: | Name of contact person |
| Position: | Position of contact person |
| Address (if different): | Street |
|  | Postal Code, City |
|  | Country |
| Tel: | Phone number of contact person |
| Email: | Email address of contact person |
|  |  |
| **For which type of membership are you applying?** | [ ]  Full membership (membership fee + Chips/KDT variable fee)[ ]  Programme membership (Chips/KDT variable fee) |
|  |  |

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| **For all new members, please tick which member category applies to your organisation:** |
| **Category** | **Description** | **Annual fee for** **full membership** |
| Category A | [ ]  Small enterprise (< 50 employees and/or turnover ≤ € 10 m) |  500 € |
| [ ]  Medium-sized enterprise (< 250 employees and/or turnover ≤ € 50 m)  | 1,500 € |
| Category B | [ ]  Universities and colleges | 2,000 € |
| [ ]  Public research institutions and other research institutes | 4,000 € |
| Category C | [ ]  Large enterprises, i.e. companies and groups with more than 250 employees and/or an annual turnover over € 50 m | 8,000 € |
| Category D | [ ]  Clusters | 8,000 € |

I am authorised to sign this application form on behalf of my organisation.

I have read and agree to the EPoSS statutes.

 Date.

Signature and Organisation Seal