



APPLICATION FOR MEMBERSHIP

Please return application form to the EDINNA-secretary

- I would like to become a member (annual membership fee 250 € per institute)
- I would like to become an associated member (minimum annual associated membership fee 200 € * please indicate your yearly fee below)

*For associated members: I am willing to pay an annual fee of _____ €

Name: _____

Company, Institution: _____

Position: _____

Street, Number: _____

Place of Residence: _____

Phone: _____

Fax: _____

E-Mail: _____

I confirm that I have taken notice of the EDINNA statutes. I consent to the publication of the membership data on the EDINNA website.

Date and Signature: _____

EDINNA –Secretary
Rob van Reem
Lloydstraat 300
30240 EA Rotterdam
The Netherlands

Bank ING.
Account Number 65.058.49.29
Iban NL22. INGB. 065.058.49.29.
Chamber of Commerce
no. KVK 10039758

Phone. +31104486424
Fax +31104486029
E-Mail Edinna@stc-r.nl
Website: www.edinna.eu