



## APPLICATION FOR MEMBERSHIP

Please return application form to the EDINNA-secretary

I would like to become a member (annual membership fee 300 € 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  
Arjen Mintjes  
c/o Lloydstraat 300  
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The Netherlands

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