**CATEGORY** (PLEASE SELECT ONE)

[ ]  Chamber A - SME │ [ ]  Chamber B - Research Organisation │ [ ]  Chamber C - Corporate │ [ ]  Associate

**MEMBER ORGANISATION**

Legal Name:

Registered Address:

Postal Code:      VAT Identification N°:

City:       Commercial Registration N°:

Country:       N° Employees:

Worldwide turnover in last financial year:

**LEGAL REPRESENTATIVE** (LEGAL PERSON WHO HAS THE AUTHORITY TO SIGN OFFICIAL DOCUMENTS)

Title:       First Name:

Last Name:

Job Title:

E-mail:

Phone:

**CONTACT PERSON** (DIFFERENT FROM LEGAL AND/OR PERSON MOST INVOLVED WITH PROJECTS)

Title:       First Name:

Last Name:

Job Title:

E-mail:

Phone:

**ACCOUNTS PAYABLE**

Title:       First Name:

Last Name:

Job Title:

E-mail:

Phone:

Invoicing Address (if different from legal address):

Postal Code:

City:

Country:

**ACTIVITY DESCRIPTION** (MAX. 500 CHARACTERS)

**AFFILIATION, TERMS & CONDITIONS**

[ ]  We certify that our organisation is not already affiliated to an AENEAS Member (see Article 23.4 of the AENEAS Articles of Association).

[ ]  We certify that our organisation belongs to a Group of legal entities. Please specify: (Group name)

[ ]  We certify having read, and approve the Articles of Association and the Internal Regulations, and hereby formally request to become a member of the AENEAS association.

[ ]  By submitting this form we agree with the storage and handling of personal data by AENEAS, according to the Data Privacy Policy published on the AENEAS website.

I, (First Name, Last Name), am authorised to sign this form on behalf of (organisation name)

Date:       Signature:

