

APPLICATION FORM

ORDINARY MEMBER

Annual Fee 2019 € 600,00

Organisation Name: _____ Acronym _____

Typology (Public, Private, Non-Profit): _____

Main Activities: _____

Address: _____

Postal Code: _____ City _____ Country: _____

1

Representative of the Organisation in CRES

Name: _____ Family Name: _____

Function: _____

Tel.: _____ Email: _____

Address: _____

Postal Code: _____ City _____ Country: _____

Place and date: _____ *Signature and Stamp* _____

Please, send this form duly filled-in and signed to:
info@asscres.eu