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## Application for Associate membership

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| Associate Information | |
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| Contact Person: |  |
| E-mail: |  |
| Associate Name in Full: |  |
| Associate acronym: |  |
| Logo to be used on the EUTERP webpage:  Please send a high resolution jpeg or png version |  |
| Website address: |  |
| Financial Contact: |  |
| E-mail: |  |
| Postal Address: |  |
|  | |
| Instructions | |
|  | |
| 1. Please complete the information requested above, signed and dated below and send the completed form (scanned, pdf or Word) to [secretary@euterp.eu](mailto:secretary@euterp.eu) 2. Please subscribe to the EUTERP Newsletter if you have not already done so, on the Homepage at [www.euterp.eu](http://www.euterp.eu) | |
| Date and signature: | |