

# Application for membership in EIP

Full name of Organization:

Full address of Organization:

Date of Establishment:

Legal Representative of Organization:

Status of Organization

Is it part of a governmental structure?:

Main Focus of Organization:

N° of members:

Members consist of:

	Percentage	Number
Administrators	<input type="text"/>	<input type="text"/>
Lawyers <sup>1</sup>	<input type="text"/>	<input type="text"/>
Accountants <sup>1</sup>	<input type="text"/>	<input type="text"/>
Others <sup>1</sup>	<input type="text"/>	<input type="text"/>

<sup>1</sup>If not acting as administrators

Membership in organization is:

Mandatory  Optional

Membership in other IP organizations:

Contact information: Name and surname

Telephone n°:

Email:

Web page :

I agree to pay annual fee in the amount of 16.00 € per IP member<sup>2</sup> ;

total amount for the current year :

<sup>2</sup>Annual fee is limited to EUR 9,000.00 regardless of the No. of members.

I have read and understood Articles of the Association of EIP, and accept the terms set out therein.

On behalf of

Position

Signature:

Name

Date