



## MEMBERSHIP FORM

### Contributors/Industry/Research Institution:

Name \_\_\_\_\_  
Address: \_\_\_\_\_ Postal code \_\_\_\_\_  
City \_\_\_\_\_  
Country \_\_\_\_\_  
Tel. \_\_\_\_\_ Telefax \_\_\_\_\_  
E-mail \_\_\_\_\_  
Internet \_\_\_\_\_

### Indicated representative person:

Name \_\_\_\_\_ Surname \_\_\_\_\_ Title \_\_\_\_\_  
Role \_\_\_\_\_ Tel. \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_ Cell. \_\_\_\_\_

Please describe your core activity:

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The above indicated Contributors/Industry/Research Institution agrees with the principles of the European Concept Manifesto and accepts to participate to the international industrial research representation activity of the Subplatform.

The participation to at least two annual meetings (one National and one International) of the indicated representative person is highly recommended.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please send this form via email to:  
*europaconceptplatform@gmail.com*