



**APPLICATION FOR MEMBERSHIP OF THE ECTN
(EUROPEAN CHEMISTRY THEMATIC NETWORK ASSOCIATION)**

1. Description of the Institution

Name of the Institution:

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Abbreviated name (if applicable).....

Official address:

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VAT registration number:

Telephone:..... Http :.....

2. Name and Status of Legal Representative of Institution

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3. Contact information

Official ECTN representative within the Institution (voting power for institution):

Name :

Title and function :

Mailing address :

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Telephone: E-mail:

Http:

Address for invoices (if different from above):

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The undersigned (legal representative, as above), on behalf of the aforementioned Institution applies for institutional membership of the European Chemistry Thematic Network Association.

The Institution agrees to support ECTN's aims as defined in its statutes and is committed to fulfilling the obligations of membership agrees to pay the membership fee of 350 Euro/year, within one month of receiving the invoice, and agrees that ECTN will store and maintain the information provided in this application.

Signature of Legal Representative of Institution :

Place and Date: **Stamp (if applicable):**