



APPLICATION FORM FOR MEMBERSHIP

● IF YOU HANDWRITE THIS FORM PLEASE USE CAPITAL LETTERS ●

THE UNDERSIGNED: RECTOR, PRESIDENT, PRINCIPAL, VICE-CHANCELLOR OR HEAD OF ORGANISATION

FIRST NAME	<input type="text"/>	TITLE	<input type="text"/>
SURNAME	<input type="text"/>		
POSITION	<input type="text"/>		
EMAIL	<input type="text"/>		
WEBSITE	<input type="text"/>		

NAME OF THE UNIVERSITY / ORGANISATION

Legal name in its original language	<input type="text"/>
Translation of the name into English	<input type="text"/>
ADDRESS	<input type="text"/>

Applies in the name of the above organisation to join **eucen** and gives his/her agreement to **eucen's** Statutes:

Date:	Signature:	Stamp of the University/organisation:
<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: Membership of **eucen** is institutional, not personal. This form should be signed by the President, Rector, Principal or Vice-Chancellor of the applicant University or by the legal Head of the applicant organisation. The annual subscription to **eucen's** membership renews automatically every 1st January. Consult **eucen's** Statutes for full Terms and Conditions of this institutional membership to **eucen**.

DESIGNATED CONTACT PERSON (eucen NAMED REPRESENTATIVE)

FIRST NAME	<input type="text"/>	TITLE	<input type="text"/>
SURNAME	<input type="text"/>		
POSITION	<input type="text"/>		
DEPARTMENT	<input type="text"/>		
ADDRESS	<input type="text"/>		
TELEPHONE	<input type="text"/>	2 nd TELEPHONE	<input type="text"/>
		FAX	<input type="text"/>
EMAIL	<input type="text"/>		
WEB SITE	<input type="text"/>		

Please return the signed form to:

eucen Secretariat
 Balmes, 132-134
 08008 Barcelona - Spain
 T. +34 93 542 18 25
 F. +34 93 542 29 75
 Email: office@eucen.eu

For eucen use only

Mem Cat

Fin Cod

SG date:

SC date:

GA date: