



Please return the application form to the EADI Secretariat.

Application Institutional EADI Membership

Full name of your institute:

Acronym:

Address:

Please choose membership package and turnover category by ticking the correct field.
Each field shows the annual membership fee.

Turnover of your institute	Basic Membership Package	Premium Membership Package
Category I <i>turnover < € 2m</i>	€ 250	€ 1,000
Category II <i>turnover € 2m-10m</i>	€ 500	€ 2,500
Category III <i>turnover > € 10m</i>	€ 750	€5,000

Contact person:

Function:

Phone: Fax:

E-mail:

Director: E-mail:

Website:

We prefer to receive EADI information in English Français

Comments:

Please do not hesitate to contact us for further information.

Date, place and signature

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