Member Application Form



Member **Application Form**

GENERAL INFORMA	TIONS				
Complete Name of the Member and Office Address of the Institution / Organization / Company (for Scientific, Industrial and Observer Members) or Personal Address (for Individual Members)					
Category chosen for the membership app	plication				
Operation Plant Address (if applicable)					
Website					
Other social media (Facebook; Twitter; In	nstagram; LinkedIn;)				
Name of the Main Representative					
E-mail		Alternative E-mail			
Phone	Mobile		Skype		
Name of the Second Representativ	ve (not applicable for Individual Memb	ers)			
E-mail		Alternative E-mail			
Phone	Mobile		Skype		
Name of Accounting Contact (pers	on/persons responsible for membersl	nip fee payments and other accou	nting matters)		
Invoice Address				VAT	
E-mail		Alternative E-mail			
Phone	Mobile		Skype		
Tell us if you have an	y subject to be solved v	vith EABA			
Leave your suggestio	ons for EABA				