



Please return the application form to the EADI Secretariat.

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## Application Associate EADI Membership

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Full name of your institution: .....

Acronym: .....

Address: .....

Please choose a membership package by ticking the correct field and fill in the annual membership fee that your institution would like to contribute. The minimum fee is mentioned subsequently.

<input type="checkbox"/> <b>Basic Membership Package</b> Membership fee: <input style="width: 100px;" type="text"/> (min. € 1,000)
<input type="checkbox"/> <b>Premium Membership Package</b> Membership fee: <input style="width: 100px;" type="text"/> (min. € 5,000)

Contact person: .....

Function: .....

Phone: ..... Fax: .....

E-mail: .....

Director: ..... E-mail: .....

Website: .....

We prefer to receive EADI information in  English  Français

Comments: .....

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Please do not hesitate to contact us for further information.

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Date, Place, Signature

EADI Secretariat Kaiser-Friedrich-Strasse 11 53113 Bonn, Germany Tel: (+49) 228 261 81 01 Fax: (+49) 228 261 81 03 postmaster@eadi.org www.eadi.org
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