**European Nuclear Education Network**

***Membership Application Form***

**The organisation**

□ University □ Research Institute □ Regulatory Body

 □ Private Company □ Government Institute □ Learned Society

**known by the name of**

………….…………………………………………………………………………………

**with the following address**

Street ……………….………………………………………………………Nr………….

ZIP code………………City……………………………………………………………...

Country……………………………………………………………………………………

Internet Website…………………………………………………………………………..

**and represented by** □ Mr. □ Ms.

Surname…………………………………………………………………………………..

Given name……………………………………………………………………………….

Function…………………………………………………………………………………..

Office address…………………………………………………………………………….

Tel………………………….. …………………Mobile…………………………………

Fax……………………………………………..E-mail………………………………….

**submits its application for a Membership of the European Nuclear Education Network (ENEN) Association.**

**The main contact person for all ENEN issues is** □ Mr. □ Ms.

Surname………………………………………………………………………………….

Given name………………………………………………………………………………

Function………………………………………………………………………………….

Office address……………………………………………………………………………

Tel………………………….. …………………Mobile………………………………...

Fax……………………………………………..E-mail…………………………………

**Recommendation(s) by the ENEN Member (at least one):**

ENEN Member 1 □ Mr. □ Ms.

Name…………………………………………………………………………………….

Organisation…………………………………………………………….……………….

Tel………………………….. …………… E-mail……………………………………..

ENEN Member 2 □ Mr. □ Ms.

Name……………………………………………………………………………………

Organisation……………………………………………………… …………………..

Tel………………………….. …………… E-mail…………………………………….

**The above-mentioned organisation acknowledges and hereby declares to follow the ENEN Statutes once its ENEN Membership is approved.**

**Date and Place:……………………………..**

**Name ………………………………………..**

**Signature………………………………..**