# **EURAMED Membership Application – Corporate Member**

**Name of applicant company:**

Address of company:

Contact person

Name:

Function:

Email:

 Phone:

I, (name and function of signatory), would like to apply for CORPORATE MEMBERSHIP of (name of company) in the European Alliance for Medical Radiation Protection Research – EURAMED.

I confirm that my company is a (please check appropriate)

[ ]  Large company

[ ]  Small and medium sized enterprise according to [EU definition](http://ec.europa.eu/growth/smes/business-friendly-environment/sme-definition_en)

I confirm that my company is interested in the activities and aims of EURAMED and have taken note of the society’s [statutes](http://www.eibir.org/wp_live_eibir12_km21s/wp-content/uploads/2017/11/20170831_EURAMED-Statutes-FINAL_EN.pdf).

I understand that as corporate member my organisation is obliged to pay annual membership fees, which are defined annually by the General Assembly of EURAMED. The 2021 associate member fee amounts to EUR 5,000 for large companies and EUR 2,000 for SMEs.

To complete the application, the following documents are enclosed

1. Description of the organisation’s motivation for applying as corporate member including information about the business activities of the company (max. 250 words)
2. Description of how the organisation plans to contribute to the mission/vision of EURAMED (max. 250 words)

I understand that EURAMED member applications are decided on by the EURAMED Executive Board following evaluation by the Secretary and Membership Committee. Notification will be received no later than 90 days following receipt of the full application documents by EURAMED.

Place, date Signature

 Print Full Name

 Function