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| I. BASIC INFORMATION |
| Name of Representative Institution |  |
| Founding Date |  |
| Country / Location |  |
| Membership Type / Category |  |
| Number of Members |  |
| Activities |  |
| Publications |  |

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| II. OFFICERS / STAFF (*please use additional page if necessary*) |
| Full Name | Position | E-mail |
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| State MembershipAPPLICATION FORM |
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| III. CONTACT INFORMATION |
| Address |  |
| Telephone |  |
| Facsimile (Fax) |  |
| Name, E-mail, Mobile Number (of correspondent/s, point person/s) |  |
| Website |  |
| Link/s to Recent Activity Reports / Publications\* |  |

\*Provided recent activity reports and publications are unavailable for view online, attach them with this membership form.

For state membership, include **a formal letter requesting membership**, and agreement to conform with EROPA rules and regulations. Membership to EROPA is subject to the approval of the EROPA Executive Council. The EROPA Secretariat will contact you regarding the status of your membership. The annual membership fee depends on the socio-economic status of the state requesting membership. Visit [**www.eropa.co**](http://www.eropa.co) for more information. EROPA maintains a published roster of Experts and Practitioners (ExP) to which institutions are welcome to nominate. Go to [**www.eropa.co/join-eropa-exp.html**](http://www.eropa.co/join-eropa-exp.html) for more details.