

**MEMBERSHIP APPLICATION**

**Name of institution** (in English and in national language):

**Postal address:**

**Web site:**

**Legal status:**

**Contact person/s (up to three) for EBSN** if/when application is accepted\*

Name:

Title/position:

E-mail address:

**Type of institution** (mark with an x):

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| --- | --- |
| **GOV** (governmental at national or regional level) |  |
| **RES** (university or research institution) |  |
| **ASS** (umbrella association at national or international level) |  |
| **OTH** (other) |  |

**Background for this membership application.** (Please explain why your institution qualifies as policy maker or policy provider in the field of work of the EBSN and give a short overview of your activities and your national/regional network. Max 500 words).

I hereby certify that I have the **authority to apply** for membership on behalf of my institution.

**Name and position**

**Signature**

**Place and date**