



## SUBSCRIPTION FORM

Please note: a filled/scanned copy of the application must be sent back the Executive Committee by e-mail through [info@eurunbis.eu](mailto:info@eurunbis.eu)

### **MEMBERS and GUEST MEMBERS**

Name \_\_\_\_\_

Family Name \_\_\_\_\_

Home Institution \_\_\_\_\_

Nationality \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone nr. \_\_\_\_\_

### **INSTITUTIONAL MEMBERS**

INSTITUTION \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Email \_\_\_\_\_

Contact Phone nr. \_\_\_\_\_

*A copy of the formal adhesion by the legal representative of the Institution must be included, in order to activate the subscription*

Date \_\_\_\_\_

Signature \_\_\_\_\_