**OFFICIAL APPLICATION FORM FOR ASSOCIATE MEMBERSHIP OF POLIS**

**Please complete and return to:**

POLIS

Rue du Trône 98

1050 Brussels

BELGIUM

[polis@polisnetwork.eu](mailto:polis@polisnetwork.eu)

**Registered name and address of Administration / Organisation legally established:**

Click or tap here to enter text.

**Legal form [e.g. public legal entity, (international) non-profit association,…]:**

Click or tap here to enter text.

**Legally represented by (Surname, Forename, Official Position):**

Click or tap here to enter text.

Cognizant of the Terms of Reference (Statutes) and the Internal Rules of POLIS, as well as of the scale of membership subscription for the year of commencement of membership, copies of which have been forwarded to him/her, applies for associate Membership of POLIS; commits itself to comply with provisions of the Statutes and Internal Rules of POLIS and other decision taken by the General Assembly, to contribute to the activities of the association and to acquit payment of the yearly membership subscriptions.

Members are free to resign from the Association by giving written notice via special means of communication, at the latest by 30 September of each year, to the Secretary General. The resignation shall be effective on 31 December of the year during which the written notice has been sent.

**On behalf of the Administration / Organisation,**

**Read and approved**

**Place** Click or tap here to enter text. **Date** Click or tap here to enter text.

**Signature Stamp**

**To be sent to the POLIS Secretariat with the enclosed information form**

**INFORMATION FORM**

**Annexed to the official application form for Associate Membership of POLIS**

1. **ORGANISATION**

**Name of the organisation:** Click or tap here to enter text.

1. **CONTACT PERSON**

The person designated officially to represent the Organisation within POLIS takes part in the activities of the association on behalf of the Organisation.

**Name and reference of the contact person to whom all correspondence should be sent:**

**First Name:** Click or tap here to enter text.

**Last Name:** Click or tap here to enter text.

**Position:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**VAT number:** Click or tap here to enter text.

**Tel:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Name and address of the contact person to whom all invoices should be sent if different from the above details:** Click or tap here to enter text.

**Place** Click or tap here to enter text. **Date** Click or tap here to enter text.

**Signature Stamp**