**APPLICATION FOR MEMBERSHIP**

[*Form: EUCROF/F01/V03, dated 28/05/2019*]

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| **Name of the Applicant** |  |
| **Date of Foundation** |  |
| **Address** |  |
| **Legal Form****Type of Structure** |  |
| **Date of Foundation/****Registration** |  |
| **Website** |  |
| **Applicant Members****Type of Organization** |  |
| **Conditions to become a Member:** |  |
| **List of Members:** |  |
| **APPLICANT BOARD****Number of Board Members:****Election Conditions:** |  |
| **SUMMARY OF ACTIVITIES:** |  |
| **Reasons for joining****EUCROF and expectations** |   |
| **Willingness to participate in****Working Groups****If YES, please specify:** |  |

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| **General Data Protection Regulation (EU) 2016/679 ("GDPR") Compliance****Status of GDPR compliance** |  |

**REPRESENTATIVE DETAILS**

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| **Proposed EUCROF Representative 1** |  **Proposed EUCROF Representative 2** |
| **Position of the Applicant in the Association:** |  **Position of the Applicant in the Association:** |
| **Contact details:****Address****Phone Email** | **Contact details:****Address****Phone** **Email** |
| **Signature** | **Signature** |

**Reserved for EUCROF**

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| **I confirm that the above Company is conform to EUCROF bylaws and therefore is accepted as a new associate member of EUCROF.****Date of entry into membership:**  **Membership fee for current year:** **President Vice-President****Date** |
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