**ERIAC ANNUAL ASSOCIATE MEMBERSHIP FEE / IN-KIND CONTRIBUTION STATEMENT**

ERIAC ASSOCIATE MEMBER/INDIVIDUAL

**In case you applied as an individual the contribution fee is stipulated by the Membership Charter of ERIAC as 100 Euros/year, or an equivalent in value in the form of an in-kind contribution.** *(Do not fill this section if you applied as an organization!)*

Name of individual:

Family Name: First name:

Email contact: Telephone contact:

ERIAC ASSOCIATE MEMBER/ORGANIZATION

**In case you applied as an individual the contribution fee is stipulated by the Membership Charter of ERIAC as 500 Euros/year, or an equivalent in value in the form of an in-kind contribution.** *(Do not fill this part if you applied as an individual member!)*

In case you applied as an organization:

Name of organization:

Address of organization:

Name of statutory representative,

Family name: First name:

Email contact: Telephone contact:

Website:

I hereby confirm that I contribute to ERIAC for **the 2023 calendar year** with the following in-kind contribution that represents the value of (*Write here the value of your contribution)*:”

\_\_\_\_\_\_\_\_\_\_\_\_\_\_EUR

Description or list of in-kind contribution:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The timely transfer of tangible contributions (shipping, posting, delivery costs) is the responsibility of the applicant member!)* After filling out and signing the form, send to [membership@eriac.org](mailto:membership@eriac.org).

June 30, 2023, location: Signature

MEMBER Name:

Registration/approval of membership fee payment by ERIAC:

Date, Location ERIAC Signature