

Application Form

Please complete in BLOCK CAPITALS or by TYPING.

1 Application for

Full Membership

- a) Representative EU Member
- b) Box EU Member

<input type="checkbox"/>
<input type="checkbox"/>

Associate Membership

- a) EU Member country
- b) Box European (Non EU) Organisations
- c) Box International Organisations
- d) Box African Organisations
- e) Corresponding Member

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

2 Contact Details:

Name of Organisation: _____

Seat of Organisation: _____

Address of Organisation: _____

Postal Code: _____ Tel.: _____

e-mail: _____ Fax.: _____

Homepage: _____

Name of representative: _____ Title: Prof/Dr/Mr/Mrs/Miss*

Forenames: _____

Surname: _____

Address of representative: _____

Postal Code: _____ Tel.: _____

e-mail: _____ Fax.: _____

Name of State of European Union: _____

Name of State outside European Union: _____

* Delete as applicable

3 Professional Details:

Represented Professions: _____

Number of represented Members: _____

Represented Experts ordered by Court*: _____

Represented Experts as Consultants*: _____

Represented Experts of different categories*: _____

** Delete as applicable*

4 Interprofessional Details*:

Member of International Organisations: _____

Address of Organisation: _____

Postal Code: _____ Tel.: _____

e-mail: _____ Fax.: _____

Number of represented National Organisations:

Name #1: _____

Address of Organisation: _____

Postal Code: _____ Tel.: _____

e-mail: _____ Fax.: _____

Name #2: _____

Address of Organisation: _____

Postal Code: _____ Tel.: _____

e-mail: _____ Fax.: _____

Name #3: _____

Address of Organisation: _____

Postal Code: _____ Tel.: _____

e-mail: _____ Fax.: _____

Continue on a separate sheet if necessary

** where applicable*

5 Referees

Two Organisations to act as referees*:

Name #1: _____

Address of Organisation: _____

Postal Code: _____ Tel.: _____

e-mail: _____ Fax.: _____

Name #2: _____

Address of Organisation: _____

Postal Code: _____ Tel.: _____

e-mail: _____ Fax.: _____

for national Applicants, national Organisations*6 Enclosures**

We have enclosed the following please:

- | | | |
|----|--|--------------------------|
| a) | Current statutes | <input type="checkbox"/> |
| b) | General information about Organisation | <input type="checkbox"/> |
| c) | Current Education Program/Regulations | <input type="checkbox"/> |
| d) | Code of practice, Code of ethics, Code of professional principles | <input type="checkbox"/> |
| e) | Definition of the term "expert" | <input type="checkbox"/> |
| f) | Certification/Registration regulations for membership as individual Expert | <input type="checkbox"/> |
| g) | Why do you believe representing most of the Experts of your state/professional sector? | <input type="checkbox"/> |
| h) | 1.000 Euro as vetting fee: | |
| | by cheque | <input type="checkbox"/> |
| | by settlement | <input type="checkbox"/> |

*Failure to complete or supply all the information specified in this form will result in a delayed response to applications and may affect the outcome.***7 Undertaking**

In the Event of our election to Membership we agree that we will abide by the rules and standards of EuroExpert and that we will support and advance its aims as far as shall be in our power.

Signed:

Date:

Place:

For EuroExpert use only:

Reg. No.:

Recommended by:

Date:

Application complete:

Place:

Vetting Committee:

Accepted by Council:

