



ASSOCIATE MEMBERSHIP APPLICATION FORM

Associate Membership is subject to the approval of the UIA Secretariat, and to the payment of an annual membership fee (required only after application has been approved).

Choose a membership type (Annual Membership Rates are for 2020):

- | | |
|--|---------|
| <input type="checkbox"/> Standard associate membership | € 2,306 |
| <input type="checkbox"/> Premium associate membership | € 3,670 |
| <input type="checkbox"/> Starter associate membership | € 1,384 |
| <input type="checkbox"/> Individual associate membership | € 834 |

Surname, first name¹: _____

Function²: _____

Official organization name: _____

Address: _____

E-mail: _____

Telephone: _____

Website: _____

VAT number (only for EC countries): _____

Description of the main and secondary objectives of the company, organization or individual: _____

Declaration

By submitting this form, I hereby apply for Associate Membership in UIA and benefit from the advantages and services offered to these members. I understand that resignation must be made in writing at least 3 months before the end of a calendar year.

Date: _____ Signature: _____

*Fax or mail to: Union of International Associations (UIA), 40 rue Washington, B-1050 Brussels, Belgium.
Tel: +32 2 640 18 08 - Fax: +32 2 643 61 99 - Email: clara@uia.org - Website: <http://uia.org>*

¹ Person appointed to represent the organization in the UIA or the person applying for individual Membership.

² Function, position, or duties of the person.

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