**ETP Nanomedicine Membership**

**Application Form for 2020**

1. **Member Institution**

|  |  |
| --- | --- |
| **Institution’s name**  *(required)* |  |
| **Type of organisation**  *(required)* | □ SME with < 15employees  □ SME with 15-50 employees  □ SME with 51-250 employees  □ Industry with > 250 employees  □ Healthcare Provider  □ Research institute, University and Association  □ Other, please precise: ……………………………………….. |
| **Classification**  *(required)* | □ Biotech / Nanotech Industry  □ Pharma Industry  □ Diagnostics Industry  □ Research Institution / university  □ Hospital  □ Public Authority  □ Other kind of company / Institution, please precise:  ……………………………………………………………………….. |
| **VAT number** |  |
| **Website** |  |
| **Street**  *(required)* |  |
| **Zip code, City**  *(required)* |  |
| **Country**  *(required)* |  |

**2. Official Representative (Main contact) for the ETPN**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title (Mr. Mrs. Dr. Prof.)**  *(required)* |  | **Gender\*** |  |
| **Firstname**  *(required)* |  | | |
| **Lastname**  *(required)* |  | | |
| **Department** |  | | |
| **Position**  *(required)* |  | | |
| **Phone**  *(required)* | ……………………………………………………………………….. | | |
| **Email**  *(required)* | ……………………………………………………………………….. | | |
| **Are you recommended by a current ETPN Member? If yes, please mention who** | ……………………………………………………………………….. | | |

**3. Membership details**

|  |  |
| --- | --- |
| **Type of membership, please choose 1 option**  *(required)* | □ Regular  □ NanoGold  □ NanoPlatinum |
| **Application to following Working Groups**  **(multiple answers possible)**  *(required)* | □ Nano-enabled medical devices  □ Nano-enabled Imaging  □ Nanotherapeutics & Targeted Delivery  □ Nanotechnologies for RegMed & Biomaterials  □ Business  □ Clinical Interface  □ Toxicology & Characterisation  □ Education & Training  □ Ethics, Societal issue and public awareness |
| **Billing address (if different from address mentioned above)** |  |

**4. Persons affiliated to this member institution**

(please add their names & email address)

**5. Membership application**

I/We hereby apply for renewal of Membership in the ETP Nanomedicine Association under the terms and conditions set out in the Statutes which I/we have seen. I/we declare that the organization does comply with the conditions for membership or will be able to comply with them before the next fiscal year commences.

By signing this membership form, **I am / we are committed to paying our memberships fees to ETPN** on receipt of the corresponding invoice edited by the ETPN Secretariat.

Official Representative: (Name/Title) ……………………………………………………………………….

Location, date Signature

**Please sign, scan and send back this form to:**

**ETP Nanomedicine Secretariat**

**Email:** [**secretariat@etp-nanomedicine.eu**](mailto:secretariat@etp-nanomedicine.eu)

**ETPN Membership fee system from January 1st 2020 to December 31st 2020\***

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Regular fees** | **NanoGold\*\*** | **NanoPlatinum\*\*** |
| Academy, research centre & association | **1.000 €** | Regular +50% | Regular +100% |
| SME < 15 ee | **1.000 €** |
| SME 16-50 ee | **2.000 €** |
| SME 51-250 ee | **3.000 €** |
| Industry 251-1000 ee | **6.000 €** |
| Industry > 1001 ee | **10.000 €** |
| Healthcare Provider | **2.000 €** |

*\* Current fee system*

*\*\* NanoGold and NanoPlatinum membership advantages on:* [*www.etp-nanomedicine.eu/public/about/membership/membership*](http://www.etp-nanomedicine.eu/public/about/membership/membership)