**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**

**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)