**InnovaWood Membership | Application Form**

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| --- |
| Your Organisation |
| Native Name |  |
| English Name |  |
| Short Name (Abbreviation) |  |
| Address line 1  |  |
| Street, number |  |
| Postcode | City |  |
| Country |  |
| VAT number *(if applicable)* |  |
| **Main Responsible Contact Person / Representative** |
| First Name |  |
| Last Name |  |
| Title (Mr, Ms, Dr, Prof. …)  |  |
| Function (Director, Dean, …) |  |
| E-Mail |  |
| Phone |  |
| **Main Administrative Contact Person** (address for membership invoices) |
| First Name |  |
| Last Name |  |
| E-Mail |  |
| **Type of membership and annual fee (tick the box)** |
| A. Regular member | [ ]   | C. Corporate | [ ]   |
| B. Corresponding member | [ ]   | D. Observing member | [ ]   |
| SSP Special Service Package | [ ]   |  | [ ]   |
| Current annual fee  | 1,000 EUR | Additional annual SSP fee | 1,000 EUR |

**Signature**

I herewith confirm as representant on behalf of my organisation to become a member of the InnovaWood network according to the association’s statutes registered in the Moniteur Belge on 27/07/2010 (latest revised version [bit.ly/iwstatutes](https://bit.ly/iwstatutes)). My organisation gives consent that personal data will be processed according to InnovaWood’s Privacy Statement in line with the EU General Data Protection Regulation (GDPR), accessible at our website: [bit.ly/iwprivacy](http://www.bit.ly/iwprivacy)

|  |  |  |
| --- | --- | --- |
| *Date* | *Name* | *Signature*  |

***Please return this signed application as scanned version to:*** ***secretary@innovawood.eu***