



MEMBERSHIP APPLICATION FORM to become a Member Association

- *Industry Association Membership* -

ASSOCIATION

Name:

2nd Name:

Street:

House no.: House no. add.:

Postal Code:

City:

Region:

State/Province:

Country:

PO Box:

PO Box Postal Code:

PO Box City:

Website:

Trade register number:

VAT number:

Fecha of creation:

E-mail:

Telephone:

Fax:

AFFILIATED ORGANIZATION(S) (if applicable)

1. Name:

City:

Website:

2. Name:

City:

Website:

3. Name:

City:

Website:

PRESIDENT OF THE ASSOCIATION

Last name:

Initials: First name:

Title(s):

Job description:

E-mail direct:

Telephone direct:

Mobile:

Skype:



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ASSOCIATION PROFIL

1. Number of members by type, e.g., Full, Associate, etc.
.....
2. Annual budget (€): €
3. No. of staff employed: (full-time) (part-time)
4. Number of members on the Board of Administration
(or equivalent)
5. Is the association for profit or not for profit?
For profit / Not for profit
6. Key disciplines of testing performed by your members:
(if necessary, continue on a separate sheet)
.....
.....
7. Is the association affiliated with any other organization
or entity? Yes / No:
.....
8. Describe the organization's main activities:
.....
.....
.....
9. Please enclose an organizational chart and provide a copy
of the organization's constitution and bylaws and,
if available, a register of members.

PRINCIPAL ASSOCIATION OFFICERS

- List below the names and titles of the principal officers
(or, if appropriate, on a separate sheet)
1. Last name:
Initials: First name:
Title(s):
Job description:
E-mail direct:
 2. Last name:
Initials: First name:
Title(s):
Job description:
E-mail direct:
 3. Last name:
Initials: First name:
Title(s):
Job description:
E-mail direct:

CONTACT PERSON (for future correspondence)

- | | |
|-------------------|-------------------------|
| Last name: | Job description: |
| Initials: | E-mail direct: |
| First name: | Telephone direct: |
| Title(s): | Mobile: |

DECLARATION

*I/We herewith apply for election as a Member Association of the Union Internationale des Laboratoires Indépendants

- Date: - -
- Your ref:
- Name in capitals: Signature + Association stamp

IN CONFIDENCE
Please return completed application form to:

UILI ■ WWW.UILI.ORG ■ SECRETARIAT@UILI.ORG
P.O. BOX 4602 ■ 4803 EP BREDA ■ THE NETHERLANDS



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