



MEMBERSHIP APPLICATION FORM to become a Unaffiliated Ordinary Member

- Laboratory Membership -

LABORATORY

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 incorporation:.....
 E-mail:.....
 Telephone:.....
 Fax:.....

PARENT ORGANIZATION (if applicable)

Name:.....
 2nd Name:.....
 Street:.....
 House no.: House no. add.:.....
 Postal Code:.....
 City:.....
 Region:.....
 State/Province:.....
 Country:.....
 Website:.....

DIRECTOR OF THE LABORATORY

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





MEMBERSHIP APPLICATION FORM

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LABORATORY PROFILE

1. Is the Organization for profit or not for profit?
For profit / Not for profit

2. Annual budget (€): €

3. No. of staff employed: (full-time) (part-time)

4. Disciplines of testing performed:
.....
.....
.....

5. Is the laboratory affiliated with any other organization or entity (e.g., university, government entity)? Yes / No
.....

6. Describe the laboratory's main activities:
.....
.....
.....
.....

LABORATORY STAFF

List below the names and titles of the principal staff.
(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 an Ordinary Member of the Union Internationale des Laboratoires Indépendants

Date - -

Your ref:

Name in capitals Signature + Company 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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