

# THE EUROPEAN ANIMAL RESEARCH ASSOCIATION MEMBERSHIP APPLICATION

## ORGANIZATION INFORMATION

Name:

Date of Creation:

SSN:

Phone:

Address:

City:

Country:

ZIP Code:

Director:

## CONTACT INFORMATION

Contact Person:

Role within Organization:

Phone:

E-mail:

## ORGANIZATION STRUCTURE

Scope of the Organization:

Governing Body:

Divisions/Departments:

Main Activities related to animal research (last 3 years):

Geographical Areas Covered:

## MOTIVATION

Reasons for joining the European Animal Research Association:

## MEMBERSHIP APPLICATION

**The signatory confirms the willingness of the organization to become a member of the European Animal Research Association (EARA) and to conform to the articles of the association:**

Signature:

Name signatory:

Role within the Organization:

Date:

Place:

**Attach to this Application Form reference letters of two EARA members, plus applying organization Constitution/bylaws**