



European Low Gravity Research Association - ELGRA

MEMBERSHIP APPLICATION FORM

- | | | |
|--------------------------|------------|---------|
| <input type="checkbox"/> | STUDENT | Free |
| <input type="checkbox"/> | REGULAR | € 50.- |
| <input type="checkbox"/> | SUPPORTING | € 600.- |

Personal Information:	
Name	:.....
Surname	:.....
Professional status	:.....
E-mail	:.....
Tel	:.....
Regular Mail Address:	
Street + number	:.....
ZIP code	:.....
City	:.....
Country	:.....

Name of Institute, Laboratory, Research group, Organization, Industry (please specify)	
Full address:	
...	
...	
...	
Tel:...	Fax:...

Main science area : (Physical Science (PS), Life Sciences (LS), Technology (TE))
Science discipline: (e.g. material sci., fluid sci., plant physiology, cell biology, ...)
Additional details: (Please identify)

Date and Place	Signature
....

Return to the President of ELGRA:

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