

Subscription Form for an Individual

(Employee, Student, Researcher, Associate in small companies...)

Member contact

Family Name:

First Name:

Email address:

Phone number:

Full address:

Country:

Name of Legal Entity you belong to:

I confirm that I have read and that I accept the following FIOPS documents:

FIOPS Status

FIOPS Rules and Regulations document

FIOPS Procedural Code

Motivation Letter: (please use space below or a separate sheet)

Payment:

I wish to pay for the current year only (350 euros, accepting the loss of elapsed months since June)

I wish to pay at the *prorata temporis* of remaining months until next June + full next year

(350 euros + 30 euros per remaining months)

+ 200 euros for the first year of subscription.

AMOUNT TO PAY:

Name, Function, Date, Signature:

Please don't forget to join your payment, a double-sided ID and your Criminal Report.