

Subscription Form for a Legal Entity

(Company, Laboratory, University...)

Name of Legal Entity:

Legal registration number:

Full address:

Country:

Legal representative contact

Family Name:

First Name:

Email address:

Phone number:

Preferred contact

Family Name:

First Name:

Email address:

Phone number:

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 (950 euros, accepting the loss of elapsed months since June)
 I wish to pay at the *pro rata temporis* of remaining months until next June + full next year
(950 euros + 80 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 and a legal document regarding the legal entity existence