

MEMBERSHIP FORM 2015

Name of Applicant _____

Organization _____

I request to enrol me/my Organization as a member of **RETE Association** as

- Full Member** Euros **4.200**
- Partner Member** Euros **1.550**
- Participant Member/Professional** Euros **200**
- Participant Member /Individual** Euros **60**

The affiliated Organization declares to know and accept the articles of the RETE Association's Statute, and agrees to pay the membership fee for the **year 2015** within thirty days after receiving the application approval.

The Organization appoints:

Mr. /Mrs. _____

to represent the Organization within the Council of RETE.

Please indicates preferred addresses for all future correspondence with the RETE Association:

email address _____

mailing address _____

Sincerely,

Place and date of application _____ Signature _____

RETE – Associazione per la Collaborazione tra Porti e Città

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