



ETPA Organization Membership Form

(Associations, Training Institutes and any other organizations)

1. Name of organization

2. Type of organization

- Association
- NGO
- Training institute
- Other (please specify).....

3. Contact informations

- Address

- Country

- Phone

- Email

- Website

4. Date of foundation:

5. Number of members

6. Description of the objective and mission of the organization:



7. Contact person

- Name
- Position
- Email
- Phone

8. What can your Organization contribute to ETPA?

9. What are your motives for joining ETPA?

Yes, our organization wants to become a member of ETPA.

Responsible person of the organization:

Annual cotization 100 €

Bank account:

(The membership becomes active once you sent the payment proof on the email: office@etpa.eu.com)

Date:

ETPA