**Application for Annual NORMAN membership**

*To be returned signed (scanned-in copy by email) to:*

Valeria DULIO

Executive Secretary of the NORMAN Association

INERIS – Direction Risques Chroniques

Rue Jacques Taffanel

Parc Technologique ALATA

Verneuil-en-Halatte

65550 France

e-mail :valeria.dulio@ineris.fr

Organisation ……………………………………………………………….

Address……………………………………………………………….

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……………………………………………………………….

NORMAN contact within the organisation:

Forename……………………………………………………………….

Surname……………………………………………………………….

Position……………………………………………………………….

e-mail……………………………………………………………….

Telephone ……………………………………………………………….

*Your personal data is treated by the NORMAN Association confidentially and in compliance with the EU General Data Protection Regulation 2016/679. If you have any related questions, please contact* info@normandata.eu.

We, (name of organisation), declare that we wish to belong to the NORMAN Association as *(✓ the appropriate box*):

* an Ordinary Member: fee €2500 (*according to the provisions of Article 2 of the Internal Regulations of the Association, the fee can be reduced to €1000 for Ordinary Members providing an in-kind contribution to the following activity(ies) .....................................................................................................................................................of the annual Joint Programme of Activities, or to €500 for members appointed as activity leaders in the annual Joint Programme of Activities.*

*IMPORTANT: Qualification and acceptance of a reduced fee depends on specific justification and approval by the NORMAN Association Steering Committee, in accordance with the provisions of Article 2 of the Internal Regulations of the Association. The terms of the proposed contribution need to be submitted to the Executive Secretary of the Association*).

* an Associate Member (*IMPORTANT: Under Article 5.3 of the NORMAN Statutes, this class of membership is available to certain categories of organisation only*).

We also:

* acknowledge both the constitutional provisions of the Association (as set out in the Statutes of the Association) and the Internal Regulations, and undertake to respect them;
* accept that our membership of NORMAN, our organisation’s name and our address will be in the public domain;
* pay the relevant annual membership fee for 2019 *(✓ the appropriate box*):
* by cheque N°…………………………………………Bank: …………………………………….
* by direct payment dated………………………………………………………………….

(We understand that NORMAN will then send us a receipted invoice.)

* when we receive an invoice from the NORMAN Association.

Done at (name of place)……………………………………On (date) …………………….

Signature……………………………………Organisation’s official stamp

NORMAN ASSOCIATION’s bank details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Bank code* | *Branch code* | *Account number* | *Check digits (RIB code)* | *Location* |
| 30027 | 17763 | 00020028101 | 77 | BSD CREIL SUD OISE ENTREPRISES |
| *International identification:* |
| *IBAN* | *BIC/ SWIFT address* |
| FR76 30027177630002002810177 | CMCIFRPP |