

APPLICATION FOR MEMBERSHIP

FROM

Company: _____ Address: _____

Post nr /City: _____ Contact person: _____

Phone: _____ Applicant web address: _____

Email: _____

Business type: Private Public Other: _____

Founding year of company: _____ Number of employees: _____

Do you have in place a Quality Management System (e.g range of internal SOPs, QA-function or equivalent etc.)

Yes No

Please give a brief summary of your company e.g. main services provided office locations etc.

Please give a brief summary of why you wish to join ASCRO i.e. Areas of key interest and/or expertise and hence interest for participation in working groups etc.

The above information is submitted for the sole purpose of joining ASCRO and I hereby certify the information to be true and accurate

SIGNED: _____

TITLE: _____

DATE: _____

I agree that ASCRO treats my information in accordance with the Swedish Data Protection laws Yes No

ASCRO representative; if other than applicant; include contact details and information on position in the company

Name: _____ Title: _____ Position: _____

ASCRO will fill in below information

Application reviewed Yes No Signed: _____

Membership granted Yes No Signed: _____

Notification sent to applicants Yes No Signed: _____

Member effective date (yymmdd): _____

Admission fee: 10 000 SEK Membership fee: _____