



Group Membership Application Form

Contact Person:

First name:

Last name:

Position:

Organisation:

Email address:

Phone Number:

I hereby confirm that I am the head of the office, authorised to request for a group membership for the individuals listed below

Group Membership:

	First name	Last name	Email Address	Membership Fee*	WBI Membership Fee*
1				€ 275	€ 165
2				€ 265	€ 155
3				€ 255	€ 145
4				€ 245	€ 135
5				€ 235	€ 125
6				€ 225	€ 115
7				€ 215	€ 105
8				€ 205	€ 95
9				€ 195	€ 85
10				€ 185	€ 75

* For each additional employee nominated, €10 will be deducted from their membership fee



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Invoicing details

Organisation name: (if different than above)

VAT Number:

Address:

PO number and/or reference number:

Additional information to request

Please complete and return the application form by email to headquarters@astp4kt.eu and include '**Group Membership Application**' in the email subject line.