



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*
1				€ 275
2				€ 265
3				€ 255
4				€ 245
5				€ 235
6				€ 225
7				€ 215
8				€ 205
9				€ 195
10				€ 185



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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 hq@asto4kt.eu and include 'Group Membership Application' in the email subject line.