



## 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				€ 250	€ 165
2				€ 240	€ 155
3				€ 230	€ 145
4				€ 220	€ 135
5				€ 210	€ 125
6				€ 200	€ 115
7				€ 190	€ 105
8				€ 180	€ 95
9				€ 170	€ 85
10				€ 160	€ 75

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



**ASTP**  
A World of  
Knowledge  
Transfer



## 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](mailto:headquarters@astp4kt.eu) and include '**Group Membership Application**' in the email subject line.