

**FQH ASSOCIATION
APPLICATION FORM
ORDINARY MEMBERSHIP
RESEARCH INSTITUTIONS**

Official name research institution

Name department

Name official directorM/F

e-mail address

Name contact personM/F

e-mail address

Street address

.....

Postal address

City

Country

The undersigned wishes to apply for membership affiliation to the FQH association and will
 receive by-laws and standing rules sent to the above mentioned address
 pay 1000 Euro per year

The membership will be continued yearly, until the membership is cancelled.

Place	Date	Name	Signature
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Please return to:
FQH Coordinator
Mrs. M.Hospers-Brands
c/o Louis Bolk Instituut Hoofdstraat 24 3972 LA Driebergen
The Netherlands
tel: 00-31-(0)343 523 860
fax: 00-31-(0)343 515611