



I/we hereby apply for a membership of BalticNet-PlasmaTec association according to the actual statute *

* I/we agree with the statute of the association.

Contact person

Title: Name: First name:

Company / Institution:

Street:

Post code / city: Country:

Phone: Fax:

E-mail: Website:

Name and function of signatory:

City / Date: Signet:

Signature:

Auxiliary data

We would like to know more about you and your interest. Therefore it would be helpful if you could send us a short profile/information material. Furthermore, we are interested in your co-operation experience with other networks/associations. Thank you for your efforts.

Are you a member in another network/association? Yes No

Name of network/association:.....
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.....

Your experience:
.....
.....
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