



INDIVIDUAL MEMBERSHIP APPLICATION FORM

I wish to become a member of PACT. I have read and agree to the principles and *modus operandi* as set out in the Memorandum of Understanding signed by the Foundation Partners and furthermore I agree to the conditions of conduct and standards of ethics implied in that document.

Name:		
Affiliation:		
Office Address:		
City, Zip:	Country:	Website:
Telephone:	Fax:	Email:
Category of Membership: Associate Member / Affiliate Member (please underline the appropriate category)		

Main Areas of Interest in PACT:*) <ul style="list-style-type: none"> • • 	Relevant Core Group/s:*) <ul style="list-style-type: none"> • •
Personal Expertise:*) <ul style="list-style-type: none"> • • Link to publication list:	Associated Core Facilities:*) <ul style="list-style-type: none"> • • •
Please indicate your motivation why you want to become a member:	

*) Your signature implies that you agree, that this information will be published on the PACT website.

Date

Signature Applicant:	
----------------------	--

Signed on behalf of Steering Group (Post Approval) Date

Signature Chairman:	
Signature Deputy Chairman:	

Please submit your Application Form to office@pact.ac.at.