

## dPMR Association - Membership Application Form

|                            |                     |
|----------------------------|---------------------|
| <b>Name of Applicant:</b>  |                     |
| <b>Applicants Address:</b> |                     |
|                            | <b>URL: http://</b> |

|                       |   |  |   |   |
|-----------------------|---|--|---|---|
| <b>Type of Entity</b> | <input type="checkbox"/> <b>Manufacturing</b>           | <input type="checkbox"/> <b>End User</b> | <input type="checkbox"/> <b>Regulator</b> | <input type="checkbox"/> <b>Accredited Test House</b> |
|                       | <input type="checkbox"/> <b>Non Profit Organisation</b> | <input type="checkbox"/> <b>Other -</b>  |   |   |

| <b>Name 1 of Main Representative(s) for the Association</b> |  |
|---|--|
| Name  |  |
| Title   |  |
| Phone   |  |
| E-Mail  |  |

| <b>Name 2 of Main Representative(s) for the Association</b> |  |
|---|--|
| Name  |  |
| Title   |  |
| Phone   |  |
| E-Mail  |  |

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| <b>Company Details – Please provide brief details of your organisation</b> |
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| <b>Reason For Application – Please state your reason for applying to become a member of the dPMR Association</b> |
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**I hereby formally apply for membership to the dPMR Association. If accepted, I agree to abide by the Rules of Procedures of the Association.**

|  |                        |
|--|------------------------|
| <b>Signature of Applicant (Representative)</b> | <b>Date (YY/MM/DD)</b> |
|  |                        |

To complete your application please sign it and return this completed application form to:  
 Ms Caroline Maragnon (dPMR Association Secretary)  
 5 Boulevard du Libre Echange ZI Champs Pinsons, 31650 Saint Orens de Gameville, FRANCE  
 Tel: +33 5 62 47 12 88 / Fax: +33 5 62 47 13 09 / E-mail: caro.icomflo@wanadoo.fr