

EARN EXECUTIVE

EARN - Associate member registration form

issued by  
A Cohen  
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This form is to be used by EARN Directors to report to the BoD the acceptance of an Associate Member (refer to EARN Charter, BOD30 89, section 2.3).

Organizational name of Associate Member: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_

Country: \_\_\_\_\_

Director or responsible person in the organization: \_\_\_\_\_  
\_\_\_\_\_

Reason for requesting a connection to EARN: \_\_\_\_\_  
\_\_\_\_\_

Institutes and researchers in contact with: \_\_\_\_\_  
\_\_\_\_\_

Type of institute (research, publishing house, governmental agency, corporate research, other): \_\_\_\_\_

Short description of the type of work the organization is involved in:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BoD member that ratified the connection: \_\_\_\_\_

Date of connection: \_\_\_\_\_

EARN nodename(s) assigned if any: \_\_\_\_\_

