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| logo.jpeg | **INSTITUTIONAL MEMBERS**  **- MEMBERSHIP FORM –**  Fill in the form and send to:  **Universeum Secretary**  [contact@universeum-network.eu](mailto:contact@universeum-network.eu) |
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**Name of the Institution in English:**

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**Name of the Institution in the original language:**

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| **Date of establishment:** |  |

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| --- | --- |
| Address: |  |
| Country: |  |
| Phone (international): |  |
| Website: |  |
| Email: |  |

**Send correspondence to**

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**Email**:

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**Membership Category:**

|  |  |  |
| --- | --- | --- |
| Regular Institution |  |  |
| Supporting (Non-Voting) |  |  |

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| **NOTE**:  Membership is annual and runs from 1 January to 31 December of the year in which the fee is paid. |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that my institution is eligible for membership and wishes to become a member of **Universeum, the European Academic Heritage Network.** I have read and accept Universeum’s Statutes.

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| Date: |  | Signature |  |