EFARO Membership application form

Please complete this form, sign it and send it to EFARO secretariat

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the organisation : | | |  | | | | |
| Abbreviation (if any) : | | |  | | | | |
| Date established | | | dd/mm/yyyy | | | | |
| Name of the director : | | |  | | | | |
| Address : | | |  | | | | |
| Postal code : | | |  | | | | |
| City : | | |  | | | | |
| Country : | | |  | | | | |
| e-mail : | | |  | | | | |
| Telephone : | | |  | | | | |
| Website | | |  | | | | |
| Status of your organisation : | | | public,  private,  government,  academic | | | | |
| Please summarise the main aims and objectives of your institute(200 words max) | | | | | | | |
| Please indicate the total current budget of the institute and the proportion of expenditure on fisheries and aquaculture. | | | | | | | |
| Number of staff employed and the proportion of staff involved in research. | | | | | | | |
| What proportion (approximately) of your work is : | | | | | | | |
| Scientific advice to support policy (e.g. Support of the CFP, MSFD etc)  Pure and applied research  External contracts (public)  External contracts (private) | | | | | | | %        %        %        % |
| Please give your reasons for wishing to join EFARO (200 words max) | | | | | | | |
| Affirmation  I affirm that my organisation conforms to the EFARO requirements of membership. Members of EFARO are institutes established with the purpose and role to provide scientific background for the advisory process that leads to the implementation and forming of national and/or EU policies. Member institutes shall have a not-for-profit basis. I attest that all the information provided to EFARO about my organisation is correct. I understand that if my organisation’s policies or practices are altered so as to be substantially out of compliance with the requirements, or if my organisation has engaged in conduct defaming EFARO or prejudicial to the interest and objectives of EFARO, my organisation’s membership of EFARO will be invalidated. | | | | | | | |
| Date | dd/mm/yyyy | Place | |  | Name |  | |
| Signature |  | | | | | | |