

dPMR Association - Membership Application Form

Name of Applicant:	
Applicants Address:	
	URL: http://

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

Name 1 of Main Representative(s) for the Association	
Name	
Title	
Phone	
E-Mail	

Name 2 of Main Representative(s) for the Association	
Name	
Title	
Phone	
E-Mail	

Company Details – Please provide brief details of your organisation

Reason For Application – Please state your reason for applying to become a member of the dPMR Association

I hereby formally apply for membership to the dPMR Association. If accepted, I agree to abide by the Rules of Procedures of the Association.

Signature of Applicant (Representative)	Date (YY/MM/DD)

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