

# Membership registration

**Title**

**Last Name**

**First Name**

**Street**

**Postal Code**

**City**

**Country**

**State/Province**

**Email**

**Affiliation**

**Profession**

**Message**

**I want to be a**

If you apply for a membership please consider that you must send also a CV! Please send the registration form and the CV per mail to: [info@vepra.eu](mailto:info@vepra.eu)