

## **ITA COSUF Membership Subscription Form**

ITA invites all parties world-wide interested in operational safety and security of tunnels and other underground facilities to become member of ITA COSUF. Membership gives access to all ITA COSUF activities and helps improve underground safety and security.

Membership in ITA COSUF is open to corporate members and individual members. Corporate members can send up to 4 staff to all ITA COSUF activities (activity groups, private workshops reserved for ITA COSUF members, reduced fee when relevant for open events organised by ITA COSUF, etc.). The annual membership fee is:

- EUR 250 for public organisations, educational institutes, bodies with less than 10 staff and individual members,
- EUR 500 for other corporate members.

Membership in ITA COSUF is subject to acceptation by its Steering Board. It is not bound to membership in ITA or vice versa. Of course, membership in both is possible and welcome.

To apply for corporate membership, please fill in the first form below. For individual membership, please use the second form (next page). The completed subscription form has to be returned to the ITA Secretariat. After receipt and acceptation, you will receive a confirmation and an invoice.

## I – Corporate membership

The body stat	ted hereinafter hereby applies to become a COSUF member	
Organisation	:	
Corresponde	nt name :	
Address :		
Phone:		
E-Mail :		
We are	<ul> <li>a public organisation, educational institute or body with less than 10 staff (annual fee EUR 250 )</li> <li>an other organisation (annual fee EUR 500)</li> <li>a public organisation, educational institute or body with less than 10 staff granted a free membership period until</li> <li>an other organisation granted a free membership period until</li> </ul>	
Date :	Signature :	

I have noted that my application for membership will be submitted to the approval of the ITA COSUF Steering Board. Please send this email to: secretariat@ita-aites.org



## II – Individual membership

I hereby applies to become a	CUSUF member
First Name :	
Family Name :	· <del></del>
Organisation :	
Correspondent name :	
Address :	
Phone	
E-Mail :	
Date :	Signature :

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