

Application Form

I/We would like to join the Association NTN Innovative Surfaces as an

- Individual member
- Operating Business / Academic institutional member / Collective member (association)
and / or as a
- Member of the Expert Committee without having member rights and duties.

Company / Institution / Organisation

First name, surname, title

Street and number

Postal code and city

Phone, E-Mail

City, Date

Signature

Please send/fax to: Association NTN Innovative Surfaces, Lerchenfeldstrasse 5, CH-9014 St. Gallen
info@innovativesurfaces.ch, Fax: +41 (0)71 277 93 42

Please find our articles of association and membership fees on: www.innovativesurfaces.ch

My/Our Commitment

I, the undersigned, have read and agree to the charter of the association and (if applicable) I have the power and authority to submit this application on behalf of my organization or institution. The membership will become effective upon receipt of an acknowledgement letter and the payment of the annual membership fees of the Association NTN Innovative Surfaces.