**Adra asbl - Membership Application Form**

*All fields marked with \* are mandatory.*

*Fill in this form and send an electronic signed copy to* *membership@adr-association.eu*

**Application as\***

*Please select one answer only. For a definition of member categories see membership section in Statutes.*

.. Industry Member

.. Research Member

.. Associate Member

.. Strategic Member

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

# Part A: Details of the organisation applying for membership

#### Full name of the organisation\*:

#### Short name of the organisation:

#### Postal address - Street name or P.O.Box\*:

#### Postal address - Number\*:

#### Postal address - Town\*:

#### Postal code / Cedex\*:

#### Country\*:

#### Internet homepage: http://

**If your organisation/company belongs to a larger group or is an affiliated company,
please fill in the following section:**

 Name of the Parent organisation / company:

 Internet Homepage: http://

 Already member of adra asbl? Yes / No

 **Type of organisation\***

*Please select one answer only. For an explanation, please see membership section in statutes.*

.. Industry member: Large Company

.. Industry member: Mid-Cap

.. Industry member: Small Medium Enterprises (SME)

.. Industry Startup

.. RTO

.. HES

.. Small research lab (independent legal entity <50 employees)

.. *For Strategic Membership applicants only:*
 Non-profit organization whose main objectives are essential value for the purpose Adra

.. *For Associate membership applicants only (please specify)*:
 Other:

**VAT Number\*:**
In case you don’t have a VAT number, please explain:

**If your billing address is different from postal address above, please add it here\*:**

#### Billing address - Street name or P.O. Box:

#### Billing address - Number:

#### Billing address - Town:

#### Billing address - Postal code / Cedex:

#### Billing address - Country:

## Legal Registration Number\*:

## Membership in Adra Founding members

*Select if/what applies to your organisation.*

My organization is already an institutional member of:

 .. BDVA/DAIRO Full Member

 .. BDVA/DAIRO Associate Member

 .. CLAIRE

 .. ELLIS

 .. EurAI

 .. euRobotics

**Organisation profile\*:**

*Short general description of your organisation, ca. 5 lines of text.*

## Describe your AI, Data and/or Robotics related activities\*:

*5 lines maximum per domain.*

AI:

Data:

Robotics:

**Are you interested in kick-starting or contributing to any particular activity in Adra:**

If yes, please describe:

## Organisational level\*:

*Please specify whether you apply as a legal entity (e.g., a company or university), or are affiliated (or subsidiary) with a legal entity (e.g., an affiliated company of a larger holding or a department or research group of a university).
Please also specify whether your parent entity is already a member.*

#### We apply as

.. an independent legal entity.

.. an entity that is a subgroup of a larger entity that is already a member.
 Name of that member:

.. an entity that is a subgroup of a larger entity that is NOT a member.
 Name of that larger entity:

.. other:

#### My/our application relates to a subgroup of a larger entity. The level of this subgroup that we represent is best described as *(please select only one)*:

#### .. Affiliated company

#### .. Faculty

#### .. Department

#### .. Institute

#### .. Laboratory

#### .. Group

#### .. Other:

# Part B: Main Contact Point and Representative  of the Member Organization

**Family name\***:

**First name(s)\*:**

**Title:**

**Gender:**

**Position in organisation\*:**

**Department / Faculty / Institute / Group name:**

**Professional background\*:**

**Phone\*:**

**E-mail\*:**

**Internet homepage:** http://

**ADDRESS OF THE MAIN CONTACT POINT (IF OTHER THAN A)**

**Street name:**

**Number:**

**Town:**

**Postal code / Cedex:**

**Country:**

**I confirm that I am authorised to formally represent my company/organisation or subgroup thereof, and have read the Adra asbl statutes.\***

**Date:

Signature of representative\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part C: Legally Authorized Contact Point**

**Family name\*:**

**First name(s)\*:**

**Title(s):**

**Name of organisation\*:**

**Position(s) in organisation\*:**

**I/We hereby confirm the correctness of this membership application form and the information provided in this document.**

**I/We accept the Adra asbl statutes.**

**I/We hereby authorise the representative specified in B) to represent our organisation in all meetings and matters related to our membership in Adra asbl.**

**I/We confirm that I/we have the power to formally represent my/our company/organisation or subgroup thereof and to authorize the aforementioned person as a representative.\***

 **Date:

 Signature(s)\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**