**Application Form**

**1. Membership**

Name of Organisation:

Address:

Phone: Website:

**2. Organisation to be considered as [ ]**  Independent \* **[ ]**  Group \*\*

*\* An Organisation partly owned by a Group is considered as independent when the Group's share does not exceed 66.6%.*

 *An Organisation belonging to a Group may register as an independent member if it so wishes.*

*\*\* If Organisation is a Group, please complete the form on page 4 to list the subsidiary organisations that are to be considered as part of the Group's membership (referred to as "****Sub-Members****"), including contact details of their representatives (referred to as "****Local Delegates****").*

**3. Core activity**

**[ ]**  Consumer Products **[ ]**  Equipment/Components **[ ]**  Leaf, Seeds & CPAs **[ ]**  Analyses

**[ ]**  Emerging Products **[ ]**  Acad., Gov. & Non-profit **[ ]**  Other:

**4. Turnover / net income range**

*Million Euros (M€) in tobacco and tobacco product related activities, per year, excluding excise taxes (and* ***including*** *all subsidiaries if a GROUP)*

|  |  |  |
| --- | --- | --- |
| **[ ]  A** Academia / Government / Non-profit organisation | **[ ]  C** M€ 1–5 | **[ ]**  **F** M€ 750–5 000 |
| **[ ]  D** M€ 5–250 | **[ ]  G** M€ 5 000–10 000 |
| **[ ]  B** < M€ 1  | **[ ]  E** M€ 250–750 | **[ ]  H** > M€ 10 000 |

**5. Invoicing**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  **Fees (Euros)** | A = 1 460 | B = 1 460 | C = 2 930 | D = 3 990 | E = 5 320 | F = 9 980 | G = 16 640 | H = 33 280 |

|  |  |
| --- | --- |
| **Invoice mailing address:** | Name of Organisation: Address:   |
| **Billing address on invoice:***(if different to above)* | Name of Organisation: Address:   |
| **VAT number** *(if in the EU)***:** |   |

We have read the [CORESTA Statutes and Rules](https://www.coresta.org/sites/default/files/books/STATUTES-MAIN_RULES_CORESTA-2022.pdf) and will abide by them.

We shall pay the set membership fee as determined by the CORESTA Board for the financial year from **1 April 2023 to 31 March 2024**.

The signatory below certifies that the given information is exact and provided in good faith.

Name: Date:

Position: Signature:

**Official Delegate**

Name of Organisation:

Brief Description of Organisation Activities:

|  |
| --- |
| **I, undersigned,** (SURNAME, Given names, Position)Name: Position:  |
| Date:  | Signature:  |
| **appoint as official delegate from our Organisation** |
| [ ]  Dr [ ]  Mr [ ]  Ms (SURNAME, Given names, Position)Name: Position:  |
| Full address to which all correspondence will be sent:     |
| Phone: E-mail:  |

**Participation of Organisation in Sub-Groups and Task Forces (SGTF):**

*The* [*full list of Sub-Groups and Task Forces*](https://www.coresta.org/study-groups) *is available on the CORESTA website. The Coordinators of the chosen groups will contact the participants with the relevant information.*

|  |
| --- |
| We wish to participate in the following Sub-Groups and / or Task Forces: |
| **Group acronym** | **Participant in the group** | **Email** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Study Group Delegates**