**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** | |
|  |  |  | |
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**Study Group Delegates**