

Application for Supporting Membership

I submit the application for supporting membership in the
International Nuclear Risk Assessment Group (INRAG)

Institution: _____

Address: _____

(Street) (City) (Postal Code)

(State) (Country)

Contact Person: _____

(First) (Last)

(Phone) (Mail)

Hereby it is declared that the above mentioned institution will support the INRAG association annually with the amount of _____ €.

Payment of these INRAG dues is not required as part of the application process. Invoices will be sent after the application has been approved.

(Date, Signature)