Application for Supporting Membership

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

Name: _____ _____

(First) (Last)

Address: _____ _____ _____

(Street) (City) (Postal Code)

_____ _____ _____

(State) (Country) (Institution)

Date of Birth: _____ _____ _____

(DD) (MM) (YYYY)

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)