

Application for EUCARPIA membership

(please fill out with capital letters)

1. Family name _____
2. First name(s) _____
3. Nationality _____ Date of birth _____
4. Titles _____
5. Functions _____
6. Institution _____

Address:

Street / P.O. Box _____
Postal code - City _____
Country _____
Telephone _____ Fax _____
E-mail _____

7. I, the undersigned Ms. / Mrs. / Mr.

apply as an individual member of EUCARPIA.

apply on behalf of _____
as a corporate member of EUCARPIA.

8. I / We would like to participate in the following section(s):

- | | |
|--------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> a. Potatoes | <input type="checkbox"/> j. Vegetables |
| <input type="checkbox"/> b. Cereals | <input type="checkbox"/> k. Fruit |
| <input type="checkbox"/> c. Fodder Crops and Amenity Grasses | <input type="checkbox"/> l. Ornamentals |
| <input type="checkbox"/> d. Biometrics in Plant Breeding | <input type="checkbox"/> m. Oil and Protein Crops |
| <input type="checkbox"/> h. Genetic Resources | <input type="checkbox"/> n. Organic and Low-Input Agriculture |
| <input type="checkbox"/> i. Maize and Sorghum | |

Date: _____

Signature: _____

Please send the completed form to:

EUCARPIA Secretariat / László Láng, Agricultural Research Institute of the Hungarian Academy of Sciences

2462 Martonvásár, Brunszvik u. 2., Hungary

Fax: +36 22 460 213 E-mail: eucarpia@mgki.hu

<http://www.eucarpia.org>