**EUPEA Membership Application***(to be returned to the EUPEA Secretariat:* *info@eupea.com* *)*

**As entitled representative, I hereby apply for membership in the European Physical Education Association of the:**

|  |  |
| --- | --- |
| **Institution** |  |
| Title of Responsible Representative |  |
| Surname, Name of Responsible Representative |  |
| Function of Responsible Representative |  |
| **Personal coordinates** |  |
| Street |  |
| Postcode |  |
| City |  |
| Country |  |
| Phone |  |
| Fax |  |
| E-mail |  |
| Internet Address |  |
| **Seat of Institution** |  |
| Street |  |
| Postcode |  |
| City |  |
| Country |  |
| Phone |  |
| Fax |  |
| E-mail |  |
| Internet Address |  |
| President Institution/Organization |  |
| Number of members |  |

EUPEA is asking you to send information about your institution (like flyers, brochures, etc.) to the EUPEA secretariat. The annual membership fee is 200 EURO. You will receive an invoice when your membership application is accepted by the EUPEA board.