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

**I hereby apply for membership in the European Physical Education Association as an individual member:**

|  |  |
| --- | --- |
| Surname, Name of Responsible Representative |  |
| Function of Responsible Representative |  |
| Street |  |
| Postcode |  |
| City |  |
| Country |  |
| Phone |  |
| Fax |  |
| E-mail |  |
| Internet Address |  |
|  |  |
| **I apply for** | O Individual Membership EUPEA |
|  |  |
| Relevant experience or status in physical education and school sport and/or link with education and sport. |  |
| I accept that I will not have voting rights and cannot hold office and cannot be a member of the Board. | |
| The annual membership fee is 50 EURO. You will receive an invoice when your membership application is accepted by the EUPEA board. | |
| Date | Signature |