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**EUSAS e.V.**  
**European Society for Automatic Alarm Systems e.V.**

**Membership Application Form**

Name: \_\_\_\_\_

Title, Position: \_\_\_\_\_

Company, Institution: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Membership Fees:**

Associate Membership € 1000.-/per year

Ordinary Membership € 100.-/per year

Junior Membership € 50.-/per year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date