



# Application Form for WiN Europe Membership

To apply for membership, please complete the application form below:

**Gender :** ☐ Female ☐ Male  
**Title :** ☐ Dr ☐ Prof. ☐ Mrs ☐ Ms ☐ Mr

**First name :** ..... **Last/Family name :** .....

**Email address :** .....

Address line 1 .....

Address line 2 .....

Zip/postal code ..... Town ..... Country .....

Telephone (including country and regional dialling codes):

Prof: ..... Domicile: ..... Cell: .....

- **I live in a country where there is already an European WiN chapter**

☐ Yes: (select the European WiN Chapter(s) from the following list) :

- |                                      |                                 |  |
|--------------------------------------|---------------------------------|--|
| <input type="radio"/> Belarus        | <input type="radio"/> Germany   | <input type="radio"/> Russian Federation |
| <input type="radio"/> Bulgaria       | <input type="radio"/> Hungary   | <input type="radio"/> Slovakia           |
| <input type="radio"/> Croatia        | <input type="radio"/> Lithuania | <input type="radio"/> Sweden             |
| <input type="radio"/> Czech Republic | <input type="radio"/> Romania   | <input type="radio"/> Switzerland        |
| <input type="radio"/> Finland        | <input type="radio"/> Slovenia  | <input type="radio"/> IAEA, Austria      |
| <input type="radio"/> France         | <input type="radio"/> Spain     |  |

I belong to my national WiN Chapter

Yes ☐ No : ☐

- **I live in a country where there is no European WiN chapter(s)**

**Comments**

Please send the completed form by e-mail: [contact@win-europe.org](mailto:contact@win-europe.org)