ASSOCIATE MEMBER APPLICATION FORM



Date

Applicant (Title, Full Name)

Affiliation (inc Group)

Inviting cfaed Investigator

(if applicable)

Research topic/area

Previous connection to cfaed (if applicable)

from: to:

Rights

- Eligible to apply for cfaed financed activities (INSPIRE grants, seminars/workshops, guests)
- Eligible to join cfaed research projects/proposals
- Usage of cfaed resources (esp. DCN) at preferable conditions

Obligations

- cfaed-related research and collaboration interests
- Collaborations within cfaed and its administration (contributions to research strategy, reports, scientific info for PR, etc.)
- Joint applications for third-party-funding via cfaed
- If necessary and decided by cfaed Extended Council: to provide a small part of overheads to cfaed

Membership

- According to cfaed Ordnung (By-laws) §5 (Mitglieder und Assoziierte Mitglieder)
- 4-year period as of confirmation by cfaed Council
- Notice of termination upon mutual agreement

Motivation

Please provide some details and reasons about your interest to join cfaed (planned activities, research, projects, etc)

Signature Applicant

Confirmation by Executive Board with signature