

Personal information

First Name / Last name

E-Mail

Address

Phone number

Job title

Organisation and sector of activity

Request

- I wish to join the association as a contributing member and declare that I accept the association's statutes *ELLA_Statutes.pdf* and regulations, *ELLA_Regulation.pdf*
- I agree to pay my annual membership fee
- I agree that my personal information will be shared within the ELLA committee and that my application will be evaluated by the committee members.

My purpose of becoming a contributing member of ELLA is to :

Projects, activities, etc. you would like to carry out through the association

Place and date

Signature

How to become a member?



Any questions? Contact laura.minisini@energylivinglab.com