

Strategische Partnerschaft Sensorik e.V.

Franz-Mayer-Str. 1
93053 Regensburg

Membership application

We/I apply for membership of the Strategische Partnerschaft Sensorik e.V.

from now on from _____ on

for

Company/Institution:

Name: _____

Street, no.: _____

Postcode, City: _____

Web address: _____

Contact person for association matters:

Name: _____

Phone: _____

E-mail: _____

Contact person for personnel development/qualification:

Name: _____

Phone: _____

E-mail: _____

Contact person for marketing:

Name: _____

Phone: _____

E-mail: _____

Information on the applicant:

Size of the company/institution:

- up to 49 employees
- up to 250 employees
- more than 250 employees

Year of foundation of the company/institution: _____

Type of company/institution:

- university / college
- research organisation
- industry
- consulting in the field: _____
- non-governmental education
- state agency
- other organisation/institution

Reason for membership:

user of sensor technology
producer of sensor technology
developer of sensor technology
other: _____

Focal points/spectrum of competence (multiple nominations possible):

metrology, testing technology, simulation
vision, image processing
automation, software, IT
automotive
electronics, electrical engineering, mechanics
new materials, surface technology
semiconductor industry
plant and mechanical engineering
science, research and development
partners and supporters of the sensor technology network
vocational training (education, training and further education)

Member type:

I apply for membership as:

- premium member
- standard member
- college / university
- start-up (company founded less than 3 years ago)

In the event of admission as a member, we are/I am prepared to pay the due membership fee. The calculation is carried out according to the currently valid contribution order.

Payment method invoice

Billing address:

Company/institution: _____

Contact person: _____

Street, no.: _____

Postcode, City: _____

email address for invoice (PDF): _____

Statutes and contribution regulations have been read and are accepted. We/I agree that our/my data may be used for the statutory tasks of the association and its institutions.

Place, Date _____

Signature / Stamp _____