I, the undersigned, hereby apply for the following membership in the European Logistics Technology Platform ALICE, Alliance for Logistics Innovation through Collaboration in Europe following the rules, obligations and benefits as described in ALICE Statutes ([Link](https://www.etp-logistics.eu/wp-content/uploads/2015/08/STATUTES-OF-THE-ALLIANCE-FOR-LOGISTICS-INNOVATION-THROUGH-COLLABORATION-IN-EUROPE_20150504-rev_CLEAN.pdf)). The 1st payment will be invoiced after the approval of the membership and then in the 1st quarter of every year.

**Please return this form to: Fernando Liesa, Secretary General, e-mail:** [info@etp-logistics.eu](mailto:info@etp-logistics.eu)

|  |  |
| --- | --- |
| **Subscription type/cost** | **Please tick according to your status** |
| Industry Member1 *(see footnote special conditions for Start-ups)* | |
| * 1. Company with more than 1,000 employees or more than 250 M€ of turnover **€4,500** |  |
| * 1. Company with less than 1,000 employees and less than 250 M€ of turnover **€3,000** |  |
| * 1. Company with less than 250 employees and less than 50 M€ of turnover **€1,500** |  |
| Research Member | |
| University2 **€1,500** |  |
| * 1. Research institute with more than 250 employees **€3,500** |  |
| * 1. Research institute with up to 250 employees **€1,500** |  |
| European Related Industry Associations3 | |
| * 1. European Related Industry Association **€1000**3 (free in certain cases) |  |
| Other Members | |
| * 1. National and regional technology platforms and clusters, other associations, nongovernmental organisations and other stakeholders **€1,500.** |  |

**Identification & Invoicing:**

|  |  |
| --- | --- |
| Legal name of the organization:  Full legal address:  **Invoicing details:**  VAT Nr.:  Address required on invoice:  Is a purchase order needed to issue the invoice? Yes  No  Invoicing contact person name:  Email: | Signature and stamp:  Name of the Legal representative:  Function:  Date: |

**Organization representative(s) in Alice** *Include here the name of the person(s) representing your organization and main contacts for ALICE. Note that we will contact you later to arrange who will be included in our distribution lists*

Full name: Function: E-mail: Phone Nr:

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Full name: Function: E-mail: Phone Nr: