**Application for membership to *the Economic Association PhotonicSweden***

I, the undersigned, hereby apply for membership  *in the Economic Association PhotonicSweden with*  registration number 769622-6005 with registered office in Stockholm County. The undersigned has read the statutes and undertakes to live up to the purpose of the association.

The undersigned applies for membership according to the following alternatives:

1. **Full member:** pays **5 000 SEK** in membership contribution
2. **Associate member:** pays **2 000 SEK** in membership contribution
3. **Personal member:** pays **100** **SEK** in membership contribution
4. **Student member:** pays **100 SEK** in membership contribution



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| **Position 1-9 fill in for membership according to A,B,C and D** | | |
| 1 | Membership alternative (A-D): |  |
| 2 | Membership contribution (SEK): |  |
| 3 | Name (contact person): |  |
| 4 | Address: |  |
| 5 | Place: |  |
| 6 | ZIP code: |  |
| 7 | Phone number: |  |
| 8 | Mobile number: |  |
| 9 | E-mail: |  |
|  |  |  |
| **Position 10-15 fill in for membership according to A1, A2, and B** | | |
| 10 | Company name: |  |
| 11 | Org.no: |  |
| 12 | VAT.no: |  |
| 13 | Web address: |  |
| 14 | E-mail invoice to: |  |
| 15 | Invoice address: |  |

Place:....................................... Date:............................................................

Signature:......................................................................................................

Name in block letters:......................................................................................

When the membership application has been processed, an invoice will be sent out for payment of the membership contribution to the association's account.

Membership applications should be e-mailed to [lennart@photonicsweden.org](mailto:lennart@photonicsweden.org) and posted to:

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| **PhotonicSweden**  c/o RISE, Box 1070  Isafjordsgatan 22  SE-164 25 Kista |  | For internal management: |
|  | Membership accepted date: |
|  | Assigned membership number: |