



European Working Group on Acoustic Emission

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EWGAE Membership Application Form

First Name: _____

Family Name: _____

Private Address (Street, ZIP, Town, Country): _____

Institution: _____

Department: _____

Address: (Street, ZIP, Town, Country) _____

E-mail address: _____

Application for membership:

- I herewith formally apply for new membership of EWGAE.
I agree that my name appears on the membership list, which is only made available to the other members.

Date: _____ Sign: _____

Filled-in by EWGAE-Secretary:

Membership voted on and accepted: Date _____ Sign: _____