



Membership application form

First Name : \_\_\_\_\_ Last Name  
(Mr./Ms/Mrs):

Year of Birth : \_\_\_\_\_

Position : \_\_\_\_\_

Country \_\_\_\_\_

Institution /Affiliation :

\_\_\_\_\_

Tel. Number (optional):

\_\_\_\_\_

E-mail Address : \_\_\_\_\_ Fax : \_\_\_\_\_

Specialization / Expertise : \_\_\_\_\_

\_\_\_\_\_

Membership fee : 60 Eur for private member

Please pay it to Planta Europa : to FR98 2004 1000 0140 2078 5Z02 016

bank account

Signature

email: [planta@plantaeuropa.com](mailto:planta@plantaeuropa.com)

Secretary Planta Europa Network

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