



**APPLICATION FORM FOR ASSOCIATE MEMBERSHIP 2018**

Title			
First name			
Last name			
Maiden name			
Degree(s)			
Specialty			
Institute			
Department			
Office address*		Private address*	
Office ZIP		Private ZIP	
Office town		Private town	
Country		Country	
Phone 1		Private Phone2	
Skype		Mobile	
Fax		Email 1	
URL		Email 2	
Please motivate your application and give a short summary of your specific interests in MM			

***This application must be sent to Sjef Rutte, secretary of the Science Board.***

*Oosterhoutlaan 11,*

*2012 RA Haarlem*

*The Netherlands*

Email: [info@academylogistics.net](mailto:info@academylogistics.net)