

## FME membership application form

Yes, I would like to become a member of *Formal Methods Europe*. I have read and understood the FME statutes (available via <http://www.fmeurope.org>) and I shall comply with these statutes.

Last name:	
First (and middle) name(s):	
Initials:	
Title(s):	
Male/female:	
Type of membership (see statutes):	Ordinary membership
Organisation:	
Address:	
Postal code:	
Town:	
Country:	
Phone:	
Fax:	
E-mail:	

FME will record the information provided above in a database. FME will not record any other (personal) information. The information will not be provided to third parties.

Place and date:

Signature:

***Please note that, for legal reasons, your signature is necessary.***

*Send or fax the form to:*

*Formal Methods Europe  
L-H Eriksson  
Box 337  
SE-751 05 UPPSALA  
Sweden*

*Fax: +46 (18) 51 19 25*