**EOE MEMBERSHIP APPLICATION FORM**

**Your application will be processed by the Institute. Membership in the EOE will be decided by the board. You will receive a reply within a few days.**

**Please fill in the membership application form and send or fax it to the office of the EOE: European Institute - Biegenstr.40 - 35037 Marburg – Germany – 0049/6421/68533-22**

**First name:**

**Surname:**

**Title:**

**Institution address:**

**Home address:**

**Country:**

**□ Organisation Name of organisation:**

**□ Individual membership**

**Telephone number:**

**Fax number**

**E-mail**

**What type of organisation do you work for?**

**□ Youth care**

**□ Outdoor organisation**

**□ School**

**□ University**

**□ Other**

**Short description of your interests or working fields**

**Are you interested in attending European Conferences on Outdoor Educational Activities?**

**What themes would be of interest for you?**

**Additional information**

**By submitting the form I confirm that I am in agreement with the Statute of The European Institute of Outdoor Adventure Education and Experiential Learning**