

eLTER PPP-APP accession form

We herewith apply to become a member of the

eLTER Preparatory Phase Project Associated Partnership Programme.

## Legal entity

|  |  |
| --- | --- |
| Department/institute: |  |
| Address: |  |
| Country: |  |
| Website: |  |
| Logo (upload image please) |  |

## Representative (operational contact for the eLTER PPP)

|  |  |
| --- | --- |
| Name: |  |
| E-Mail |  |
| Phone |  |
| Position in organisation |  |

## Optional: Representative 2 and further (copy if needed)

|  |  |
| --- | --- |
| Name: |  |
| E-Mail |  |
| Phone |  |
| Position in organisation |  |

## Reasoning to apply for membership in the eLTER PPP-APP

|  |  |
| --- | --- |
| Please *briefly* describe your and your organisation’s past involvement in LTER related activities |  |
| What do you expect from the PPP-APP? |  |
| Please confirm that your institution has signed the eLTER MoU and that you have been in contact with your national LTER Coordinator (Yes/No) |  |

After you filled in this file, please change its name in that you replace the words COUNTRY and ORGANISATION. This form does not require a signature or stamp.

Then please send it to office@lter-europe.net