



MEMBERSHIP FORM

On behalf of my Institution/Organisation I hereby apply for membership in the **European Esports Observatory**.

Name of Institution/Organisation	
Name of Representative	
Function of Representative	
Street Address	
Postal Code and City	
Country	
Contact Telephone number	
Email	
Web address	

Please tick the appropriate category (even more than one tick)

<input type="checkbox"/>	Sport Club
<input type="checkbox"/>	School / Academy / University
<input type="checkbox"/>	National Organization
<input type="checkbox"/>	International Organization
<input type="checkbox"/>	International Sport Federation
<input type="checkbox"/>	National Sport Federation
<input type="checkbox"/>	National Olympic / Paralympic Committee
<input type="checkbox"/>	Private Company
<input type="checkbox"/>	Public Company

Please tick the category you are applying for

<input type="checkbox"/>	Institution
<input type="checkbox"/>	Bronze Partner
<input type="checkbox"/>	Silver Partner
<input type="checkbox"/>	Gold Partner

Date, Stamp and Signature:

Form to be sent to esportsobservatory@europe.com