go.eIDAS

Membership Application

Please complete this form to apply for membership within the go.eIDAS Association. If you have any questions about the application process, please contact go.eIDAS directly at membership@eid.as.

Member Information

Organisation Name
[   ]

Primary Contact Information

Name*: [   ]

Title: [   ]

Position: [   ]

Email*: [   ]

Address*: [   ]

Address 2: [   ]

City*: [   ]

Postal Code*: [   ]

Country*: [   ]

Phone: [   ]

Email: [   ]

Website: [   ]

Member Categories

○ Natural Person

○ Micro Enterprise (up to 20 Employees)

○ Small and medium-sized Enterprise (21 to 250 Emp.)

○ Large Enterprise (more than 250 Emp.)

○ Association

○ University or Research Organisation

○ Public Authority

○ Other Legal Person

Detailed Information about membership dues can be found at https://go.eid.as/categories-dues.pdf .

☐ I understand that go.eIDAS will collect and store the data provided in this application form in order to determine my eligibility for membership in go.eIDAS, to enter my name and contact information into the membership roster, to publish that information in a membership directory, to provide information on programs and services offered to members by go.eIDAS, and for other purposes related to the functions, services and activities of go.eIDAS.

For a full description of the go.eIDAS data collection and privacy policy, visit https://go.eid.as/privacy-policy/.

If you require any further information or clarification regarding this application form, please contact:

go.eIDAS e.V.
Judengasse 2
96215 Lichtenfels
Germany
Phone: +49 9571 948 1020
Email: go@eid.as
https://go.eid.as

By completing this membership application form, I agree to adhere to the bylaws of the go.eIDAS Association and comply with the obligations of membership as explained in the statute and statement of categories and dues.

[   ]   _____

Date   Signature*

*REQUIRED