

Application for Membership To The Modelica Association

Type of Application:	
Individual	Organizational

Applicant Information	
Prefix (e.g. Mr., Ms., Dr.):	First Name:
Last Name:	Suffix: (e.g. Jr., Sr.)
E-mail Address:	
Job Title:	

Organizational Information	
Name of Organization:	
Org. Number (If avail.):	VAT Number (If avail.):
Type of Organization (e.g. Business, Government, Non-Profit, etc.):	

General Information	
Address:	
City:	State/Province:
Postal Code:	Country:
Business Phone:	
Business Fax:	

I certify that the above information is true to the extent of my knowledge. By signing this application, I agree that if accepted for membership to the Modelica Association, that (I/my organization) will abide by that organization's rules and bylaws.

Date: _____ Signature: _____