



## AIRMAP INSTITUTIONAL MEMBERSHIP FORM (500€)

### INSTITUTION

Name

Address

### TYPE OF INSTITUTION

Laboratory

Faculty

University

Firm

Local government

Association

Other public establishment

School of management/Business School

If other, then precise

### ADDRESS OF THE CORRESPONDANT IN THE INSTITUTION

Function

Address

E-mail:

Tel:

GSM:

After having filled and saved this form, please return at: [contact@airmap.fr](mailto:contact@airmap.fr)  
For your application will be accepted, don't forget to send us your payment