
MEMBERSHIP APPLICATION FORM

Name:

E-mail:

Function Group Grade:

I hereby declare that I have read and understood the [Rules of Union Syndicale Eurojust](#) and that I would like to become and enjoy my rights as a member.

The Hague, Date:

Signature

MEMBERSHIP

Your membership takes effect on the date of request for admission and after the payments of the due membership fees, which are detailed in the [Rules of Union Syndicale Eurojust](#).