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CPE PARENTS' ASSOCIATION MEMBERSHIP FORM

CPE Parents' Association Application for Membership	
<i>Please complete and return this form to assocparentsce@ep.europa.eu</i>	
Name: Address: Phone: Email: Institution CPE:	 Mobile: Work: Mamer/Kirchberg (delete one)
<i>Hereby I declare access to the CPE Parents' Association.</i>	
Signature:	
Date:	dd / mm / yyyy
APCPE USE ONLY	
Date received:	
Other:	

Please indicate how you would like to become involved in the Association. You are welcome to tick more than one box.

Take an executive role

Be the APCPE contact person in my institution

Be member of a working group (e.g. on food quality)

Draft letters in French

Help in publicity

Revise letters in English

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