



**“Sustainable Network for Independent Technical Expertise on radioactive waste management” in short “SITEX\_Network”**

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**MEMBERSHIP APPLICATION FORM AND STATEMENT OF SUPPORT TO THE ASSOCIATION**

**1) IDENTIFICATION OF THE CANDIDATE MEMBER (all requested information are mandatory)**

*Please indicate if you apply for (choose one of the following possibilities) following conditions of membership:*

- a natural person's membership, or  
 a legal person's membership.

*If you apply for **a natural person's membership** (in your own name):*

<b>NAME</b>	
<b>SURNAME</b>	
<b>TITLE AND/FUNCTION</b>	
<b>COUNTRY/ AFFILILATION</b>	
<b>ADDRESS (personal address)</b>	
<b>PHONE (personal phone number)</b>	
<b>E-mail (personnel email address)</b>	



If you apply for a **legal person's membership** (in the name and on behalf of this legal person):

a) Identification of the legal person (candidate member)

<b>LEGAL PERSON NAME</b>	
<b>LEGAL FORM OF THE LEGAL PERSON</b>	
<b>IDENTIFICATION NUMBER</b>	
<b>HEAD OFFICE (ADDRESS AND COUNTRY)</b>	
<b>NAME AND FUNCTION OF LEGAL REPRESENTATIVE</b>	

b) Identification of the SITEX Network representative (and of its subsidiaries) of the legal person in the Association<sup>ii</sup>

REPRESENTATIVE

<b>NAME AND SURNAME OF THE REPRESENTATIVE OF THE LEGAL PERSON IN THE ASSOCIATION</b>	
<b>TITLE /FUNCTION</b>	
<b>COUNTRY (if different from the country mentioned above)</b>	
<b>ADDRESS (office address, if different from the head office address)</b>	
<b>PHONE (office and/or mobile phone number)</b>	
<b>E-mail (office email address)</b>	



SUBSIDIARIES (SUBSTITUTES FOR THE SITEX\_NETWORK REPRESENTATIVE OF THE LEGAL PERSON)

<b>NAME AND SURNAME OF THE SUBSIDIARY</b>	<u>1<sup>st</sup> Subsidiary</u>	<u>2<sup>nd</sup> Subsidiary</u>
<b>TITLE /FUNCTION</b>	<u>1<sup>st</sup> Subsidiary</u>	<u>2<sup>nd</sup> Subsidiary</u>
<b>COUNTRY (if different from the country mentioned above)</b>	<u>1<sup>st</sup> Subsidiary</u>	<u>2<sup>nd</sup> Subsidiary</u>
<b>ADDRESS (office address, if different from the head office address)</b>	<u>1<sup>st</sup> Subsidiary</u>	<u>2<sup>nd</sup> Subsidiary</u>
<b>PHONE (office phone number)</b>	<u>1<sup>st</sup> Subsidiary</u>	<u>2<sup>nd</sup> Subsidiary</u>
<b>E-mail (office email address)</b>	<u>1<sup>st</sup> Subsidiary</u>	<u>2<sup>nd</sup> Subsidiary</u>

**2) CHOICE OF COLLEGE<sup>iii</sup> (all requested information are mandatory)**

**2.1** Please indicate for which College of members do you apply (choose one of the following possibilities):

- College 1: Technical Expertise Function  
(comprises Technical Safety Organizations or other entities assuming this function for the Regulators, such as research entities);
- College 2: Regulatory Function  
(comprises Nuclear Regulation Authorities);
- College 3: Civil Society Function  
(comprises civil society stakeholders who may either be individuals or groups)



**2.2** Please provide a justification for your choice, based on your national and/or international role<sup>iv</sup>:

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**3) MOTIVATION FOR MEMBERSHIP APPLICATION**

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**I hereby apply for membership of the “Sustainable Network for Independent Technical Expertise on radioactive waste management” in short “SITEX\_Network” and I thereby accept to comply with the provisions of its Statutes and, in particular, its values and objectives.**

Date : .....

.....  
Signature of the applicant Member<sup>v</sup>

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<sup>i</sup> Cf. article 5 of the Statutes

<sup>ii</sup> This information may be given at the most one month after acceptance of the membership, but could be given when asking for membership

<sup>iii</sup> Cf. article 7 of the Statutes

<sup>iv</sup> May be provided in a separate document

<sup>v</sup> Legal representative or delegate