



ESOC SKI CLUB (EIS)

Membership Application Form Season 2007 - 2008

Personal Details:

Family Name	
First Name (s)	

My contact details and membership rating are unchanged from last year.

Membership Number from 2006/07:

The following information is only required for new members of if any details have changed.

Contact Details:

Address	
Home Phone number	
Daytime Phone Number	
E-Mail Address	

Membership rating:

Please indicate your employment relation to ESA after reading the NOTE (1) below (cross ONE of the following)

1	<input type="checkbox"/> ESOC STAFF	Staff Number:																		
2	<input type="checkbox"/> Employee of ESOC SSCC contributing company and working in the Darmstadt area:	Circle appropriate contributing company: <table border="1"> <tr> <td>BLACK HAT</td> <td>CALLISTO SPACE</td> <td>EDS</td> </tr> <tr> <td>EJR-Quartz</td> <td>GMV</td> <td>LOGICA</td> </tr> <tr> <td>LSE (LANCASTER)</td> <td>MAKALUMEDIA</td> <td>NOVA SPACE ASSOCIATED LTD</td> </tr> <tr> <td>SCIENCE SYSTEM</td> <td>SERCO</td> <td>SO-DEX-HO</td> </tr> <tr> <td>TELESPAZIO</td> <td>TERMA</td> <td>THORN SICHERHEITS</td> </tr> <tr> <td>VEGA</td> <td>VITROCISSET</td> <td>RHEA SYSTEM</td> </tr> </table>	BLACK HAT	CALLISTO SPACE	EDS	EJR-Quartz	GMV	LOGICA	LSE (LANCASTER)	MAKALUMEDIA	NOVA SPACE ASSOCIATED LTD	SCIENCE SYSTEM	SERCO	SO-DEX-HO	TELESPAZIO	TERMA	THORN SICHERHEITS	VEGA	VITROCISSET	RHEA SYSTEM
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3	<input type="checkbox"/> Employee of EUMETSAT (staff or consultant)	Acronym:																		
4	<input type="checkbox"/> Partner of member	Name of Partner:																		
5	<input type="checkbox"/> No Employment Relation to ESA	Name of Internal Member Referee:																		
6	<input type="checkbox"/> Child (under 18 years of age)	Name of Parent:																		

NOTE 1): Only Internal Members (categories 1 to 4 above) qualify for ESOC SSCC Subsidy Benefits.

NOTE 2): EIS does not insure its members. YOU are responsible for arranging your own insurance. No claims shall be made against ESA, EIS or connected contract companies. You are urged strongly to take out a travel / winter sport insurance package.

In the event of trip cancellation e.g. due to lack of snow, risk and cost will be shared equally by the members signed up for the trip. EIS will attempt to keep any costs to a minimum. More detailed information on club rules may be given by committee members on request.

I the undersigned understand and agree with the contents of this form and declare that my input is correct.

Signature:

(parent in case of child)

Date:

Send this form to Derick Lean (MED/C/DL) at Eumetsat (Fax 06151 807304)