



**Association of European Threat Assessment
Professionals**

Membership Recommendation Form

I, the undersigned, support the application for AETAP membership of the following person:

Applicant's name: _____

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Profession: _____

Member's Name: _____

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Member of TAP since (year): _____

Date: _____

Signature: _____

Please email this form to the president of AETAP and send it to the above mentioned address. For further questions please contact: info@aetap.eu

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