



**Association of European Threat Assessment
Professionals**

Membership Application Form

The following person applies for AETAP membership:

Name, Title: _____

Date of Birth (dd/mm/yyyy): _____

Profession: _____

Affiliation: _____

Postal Address: _____

Phone-number: _____

e-mail address: _____

Each application requires a written recommendation by one current member of a TAP (AETAP, ATAP, CATAP, APATAP).

Advocating member (name): _____

Date: _____

Signature: _____

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

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