



**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: [info@aetap.eu](mailto:info@aetap.eu)

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