



Change of EUROPRACTICE Representative Form

Please complete CLEARLY (if by hand use BLOCK CAPITALS)

EUROPRACTICE Membership Number _____

Previous EUROPRACTICE Representative:

Name _____

Signature _____ Date _____

(If the previous Representative is not available, this form should be signed by a responsible person in your Organisation. Please explain on a separate sheet the reason for the non-availability of the previous Representative)

The new EUROPRACTICE Representative MUST be a senior, full-time, permanent member of ACADEMIC staff (or research staff if from a Research institute member), with appropriate Microelectronics knowledge and connections to very senior management (ie not students and not IT or other technical support workers):

Title _____ Name _____

Position _____

Institution _____

Department _____

Address _____

Tel _____

Fax _____

Email _____

I agree to become the new EUROPRACTICE Representative for the above Organisation. Please [click here](#) for guidance on the role of EURORPRACTICE Representative.

Signature _____ Date _____

Once completed and signed please attach this form as a PDF to an e-mail and send it to MicroelectronicsCentre@stfc.ac.uk (a paper copy is not required)