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| R-TEAM-NB-Logo-2-0 | The European Association Medical devices - Notified Bodies  **MEMBER** **APPLICATION** |

I confirm we wish to be a member of the association TEAM-NB (European Association of Notified Bodies for Medical Devices).

I send as part of my candidature the signed latest version of the Code of Conduct and I agree to be invoiced the yearly fees.

I will then be allowed to access the private part of the site and considered a member awaiting confirmation. The validation of my status within Team-NB will be carried out by a vote of the members at the next general meeting.

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| Name of Notified Body |  |
| Notified Body Number |  |
| Address |  |
| Post Code |  |
| Locality |  |
| Country |  |
| Phone | …… - …… - ……………………..  Country Code – Area Code - Phone number |
| Fax | …… - …… - …………………….. |
| Web site |  |
| VAT Number |  |
| Notified for Directives  (tick where appropriate) | ❑ 90/385/EEC Directive  ❑ 93/42/EEC Directive  ❑ 98/79/EC Directive  ❑ Regulation (EU) 2017/745  ❑ Regulation (EU) 2017/746 |
| Name of contact |  |
| Title of Contact |  |
| E-mail of Contact |  |
| Direct Phone | …… - …… - ……………………..  Country Code – Area Code - Phone number |

|  |  |
| --- | --- |
| Signature : |  |
| Name of signatory : | …………………………………………… |
| Date : | …………………………………………… |

Please could you complete this form and send it back to the email address to the attention of Françoise SCHLEMMER (schlemmer@team-nb.org).