**CETAF Membership Application Form**

Please return to:
CETAF General Secretariat
At. Ana Casino, Executive Director
Rue Vautier, 29
1000 Brussels, Belgium
director@cetaf.org

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**Institution identification**

**Name of Institution:**
Postal Address:
Tel: +
Fax: +
www:

**Name of Director:**
Office tel: +
Office fax: +
Office e-mail:

1 Should you be part of a Consortium, this Application Form shall be filled in by each of the members of the Consortium. In addition, the Institution (and its representative) that will hold the Consortium representation mandate, needs to be clearly identified.
Name of Contact Person (for all correspondence concerning the application):
Office tel: +
Office fax: +
Office e-mail:

Type of Institution
- Zoological Museum
- Botanical Garden
- Culture collection
- Paleontological, mineralogical, Geological Museum
- Herbarium
- Other

Main source of income from
- State
- City
- Private
- Regional
- University
- Other:

Collections
Size of collections: ...................................... million individual specimens

<table>
<thead>
<tr>
<th>Expected order of magnitude</th>
<th>Known or estimated number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zoology &gt; 6,000000</td>
<td></td>
</tr>
<tr>
<td>Palaeontology/Mineralogy/Geology &gt; 1,000000</td>
<td></td>
</tr>
<tr>
<td>Herbarium &gt; 1,000000</td>
<td></td>
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<tr>
<td>Mycological etc. culture collections &gt; 10,000</td>
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<tr>
<td>Other (please specify)</td>
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</table>
• No. of primary types:

• Existing registration system:
  % in filing cards or related paper-based system:
  % in digital system:

• Loans

  No. of outgoing loans (parcels) / year : ........ (more than 100)
  No. of scientific visitors / year: ........ (more than 100)
  No. of visitors days / year: ........
  No. of accessions / year: ........

• National Strategic Roadmap

  Please indicate if your institution runs activities under any of the national strategic roadmaps (e.g. as for digitization programmes)

• Relevance of your collections

  Why are your collections of importance within Europe? Please add an explanation of your collection and its special features.
## Staff

(min. of 20 acad. staff / postdocs expected)

<table>
<thead>
<tr>
<th>A) Scientifical Staff</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>1. Tenured scientific staff</td>
<td></td>
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<tr>
<td>2. Post-docs</td>
<td></td>
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<tr>
<td>3. PhD students</td>
<td></td>
</tr>
<tr>
<td>4. Curators (if different from 1)</td>
<td></td>
</tr>
<tr>
<td>5. Collection managers / technicians</td>
<td></td>
</tr>
<tr>
<td>6. Others (Associates, etc.)</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL (1+2+3+4+5+6)</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B) Other Staff (exhibitions, etc. not scientists)</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL NUMBERS (A + B)**

## Research

- Formal review system? **YES/NO**
- Research facilities (laboratories with details on the major equipment available):
- No. of research publications over the last 3 years: (Expected: min. 100)
- Journals/Series published by the Institution:

Note: Please, add *either* the institutional last annual report or a one-page summary of your research programme and key publications to the application.
International collaborations

Please, explain your activity outside your national borders (undertaken by the institution and/or its researchers), and add any relevant information to cover the international activity run under the umbrella of your institution.

Budget

In accordance to the CETAF business plan applicable, please provide budgetary data related to collections, including. Please, add any explanatory note considered relevant to this matter.
Statement

* I, Director of (add name of Institution) endorse the Statues and Bylaws of the CETAF consortium.
* I am prepared to commit myself to the strategy and objectives of CETAF, and to contribute to its joint activities.
* I am prepared to pay a yearly membership for CETAF, according to the CETAF Organizational and business plan*

Signature of the Director:

Place:

Date:

(*) Please, indicate any reasons why you may not reasons why you may/may not fulfil this financial statement.