Application Form to apply for Membership in the European Meteorological Society (EMS e.V.)

Applications for EMS Membership are considered by the EMS Council; the Council meets twice a year, usually mid-March and early September. Completed applications must be provided four weeks in advance of a Council Session.

Dates of Council sessions: https://www.emetsoc.org/about-ems/council/council-meetings/

Membership of the Council: https://www.emetsoc.org/about-ems/council/council-composition/

An application includes:
- The completed application form, and a
- Copy of a legal document showing the status of the organisation (i.e. constitution, statutes or similar)

Please submit your application electronically to the EMS Executive Secretary at ems-sec at emetsoc.org.

Name of Organisation:

Contact person (name and function within the organisation):

Contact details (electronic and postal):

The EMS has Member Societies and Associate Members.
- **EMS Member Society**: National or regional meteorological societies in Europe are eligible to become an EMS Member Society; in this context Europe is considered to include WMO Regional Association VI.
- **EMS Associate Members**: Organisations with an interest in the aims of the EMS are eligible for EMS Associate Membership; such bodies include national meteorological and hydrological services, research and education institutes and departments, companies with an interest in meteorology, related sciences and their applications, European-wide bodies with similar interests and non-European meteorological societies.

I ) Application to become:
- [ ] EMS Member Society: number of individual members of your society: ....
- [ ] EMS Associate Member: number of staff of your organisation: ..... 

The fees for membership depend on the number of individual members/staff. For details see https://www.emetsoc.org/members-activities/how-to-join/

II): Please provide a short profile of your organisation: aims and (area of) activities, plus any other relevant information.
III) Please explain your interest in joining the EMS

................................................................................................

Location & date, signature