

## Application form for membership in the Automotive Simulation Center Stuttgart e.V. – registered association

Please send the completed, signed and stamped application form to  
Automotive Simulation Center Stuttgart e.V. | Curierstraße 2 | 70563 Stuttgart | Germany  
or send by fax to + 49 711-699 659-29

### Membership categorization

<input type="checkbox"/>	Natural person
<input type="checkbox"/>	University <input type="checkbox"/> Faculty <input type="checkbox"/> Institution
<input type="checkbox"/>	Corporate body, body of persons or assets tax-privileged
<input type="checkbox"/>	Company
<input type="checkbox"/>	Startup company Date of foundation: _____

### Your Industry

<input type="checkbox"/>	Automotive OEM
<input type="checkbox"/>	Supplier
<input type="checkbox"/>	Independent Software Vendor (ISV)
<input type="checkbox"/>	Independent Hardware Vendor (IHV)
<input type="checkbox"/>	Service Provider
<input type="checkbox"/>	Research Organization

### Organization

Company / Organization		
Street/ house number		
Zip code		
City and country		
Telephone number (main office)		
Start of the membership		
Company size/ number of employees		

### Main contact person

Salutation	
Title	
Name and surname	
Department	
Street/ house number	
Zip code	
City and country	
Telephone number	
Fax number	
e-Mail	

### Contact person finance department

Salutation	
Title	
Name and surname	
Department	
Street/ house number	
Zip code	
City	
Telephone number	
Fax number	
e-Mail	

Herewith I accept the Contribution Rules (as of January 2018) and the Articles of Association (as of June 2018) and I agree with the terms of membership.

\_\_\_\_\_

Date

\_\_\_\_\_

Legally binding signature (Stamp)