

## Application form for membership in the Automotive Solution Center for Simulation e.V. - ASCS

Association register number: 720449 | Local court: Stuttgart, Germany

Please send the signed form to

Automotive Solution Center for Simulation e.V. | Curiestrasse 2 | 70563 Stuttgart or by e-mail to [info@asc-s.de](mailto:info@asc-s.de)

### Information about the organization or person

|                            |  |
|----------------------------|--|
| Name Organization / Person |  |
|                            |  |
|                            |  |
| Address                    |  |
| Zip code                   |  |
| City                       |  |
| Country                    |  |
| Phone number               |  |
| Number of employees (FTE)  |  |

### Field(s) of activity

|                                    |
|------------------------------------|
| Vehicle manufacturer (OEM)         |
| Suppliers (Tier 1, Tier 2)         |
| Mobility provider                  |
| Software manufacturer (ISV)        |
| Hardware manufacturer (IHV)        |
| Engineering or IT service provider |
| Consulting & coaching              |
| Technical service                  |
| Research and science               |
| Training and further education     |

### Membership classification

|                                                       |
|-------------------------------------------------------|
| Natural person                                        |
| University / Faculty / Institute                      |
| Corporation, association of persons or estate (NPO) ) |
| Company                                               |
| Start-up company                                      |
| Founding date:                                        |
|                                                       |
| Membership category:                                  |

### Main contact Membership (with voting rights)

|                      |  |
|----------------------|--|
| Salutation           |  |
| Title                |  |
| First name / surname |  |
| Department           |  |
| Position             |  |
| Address              |  |
| Zip Code             |  |
| Location             |  |
| Phone number         |  |
| E-Mail:              |  |

### Main contact Finances (Membership fees)

|                      |  |
|----------------------|--|
| Salutation           |  |
| Title                |  |
| First name / surname |  |
| Department           |  |
| Position             |  |
| Address              |  |
| Zip Code             |  |
| City                 |  |
| Phone number         |  |
| E-Mail:              |  |

### Main contact ENVITED (with ENVITED voting rights)

|                      |  |
|----------------------|--|
| Salutation           |  |
| Title                |  |
| First name / surname |  |
| Department           |  |
| Position             |  |
| Address              |  |
| Zip Code             |  |
| City                 |  |
| Phone number         |  |
| E-Mail:              |  |

In addition to membership of asc(s e.V., I/we apply to participate in the ENVITED research cluster.

I/we hereby accept the membership fee regulations and the articles of association with effect from July 11, 2024 and declare my/our agreement with the conditions of membership.

Desired start of membership: \_\_\_\_\_

Place, date

Legally binding signature (stamp)