Please note that each candidate AM needs to fill out Annex 1. The coordinator of the PP will then collect all AM applications and submit them with the proposal of the PP. Please check with your organisation if it is already a HBP Core Project Member or an Associated Member.

**Annex 1: Application for becoming Associated Member of the HBP Flagship**

**Organisation X[[1]](#footnote-1)**

The application (sections I-VIII) shall consist of maximum five A4 pages per application.

Please note that, if one institution is already partner of the Core Project or an Associated Member, then it cannot become a new Associated Member.

The following information needs to be completed by the Contact Person / Principal Investigator of the organisation to be associated with the HBP Flagship and submitted by the Project Leader/Coordinator of the Partnering Project. All fields are mandatory.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I. Organisation** | | | | |
| Name of the organisation (in English if applicable) | | |  | |
| Type of organisation *(Company/SME/Research Performing Organisation/University/Other-please specify)* | | |  | |
| Country | | |  | |
| **II. Contact information** | | | | |
| I. Applicant | | | | |
| Principal Investigator | *First and Last Name* | | | |
| Affiliation (Institute, Laboratory, Department, etc.) |  | | | |
| Email |  | | | |
| **III. Short description of the research and innovation activities performed within the organisation, related to the human brain** | | | | |
| **IV. Motivation for joining the HBP Flagship as an Associated Member** | | | | |
| **V. Complementarity and alignment between activities performed by the applicant and the HBP Flagship Core Project** | | | | |
| **VI. How will the applicant facilitate alignment and information flow with the HBP Flagship Core Project?** | | | | |
| 1. **HBP Flagship Core Project Subproject(s) where the applicant would like to see its activities integrated and foreseen interactions between the** **applicant and the** **HBP Flagship Core Project Subproject(s)** | | | | |
|  | | | | |
| **VIII. Information on team members** | | | | |
| First and Last name | | Position/function | | Email |
|  | |  | |  |
|  | |  | |  |
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|  | |  | |  |

1. Please insert the number the coordinator assigned to your organisation in the *Proposal for becoming a Partnering Project*. [↑](#footnote-ref-1)