

APPLICATION FORM FOR EFAMA MEMBERSHIP



NATIONAL ASSOCIATION MEMBERSHIP CORPORATE MEMBERSHIP ASSOCIATE MEMBERSHIP

FULL COMPANY NAME:	
COUNTRY (European Headquarters):	
We are a member of the following national trade association(s) (mandatory for corporate membership):	

We hereby apply for membership of EFAMA subject to the approval by the Board of Directors of EFAMA. We acknowledge that upon admission to membership we are bound by the Articles of Association of EFAMA and that any resignation notice needs to be served before the end of September to avoid the membership fee for the following year to be due.

NAME:	
POSITION:	
SIGNATURE:	
DATE:	

The following person should be the main contact for EFAMA and matters concerning this application:

NAME:	
POSITION:	
E-MAIL:	
TELEPHONE:	
POSTAL ADDRESS:	
CONTACT PERSON FOR BILLING PURPOSES:	
BILLING ADDRESS: (if different from above)	
For invoicing purposes, please state your company's VAT REGISTRATION NUMBER:	

> The completed application form should be sent to EFAMA's Director General, Tanguy van de Werve, at info@efama.org.