**Request your membership/ Membership Application Form**

*Please fill in the fields and send to* *PROFEL@profel-europe.eu*

**APPLICANT**

Company: …….

Address: ……. Postal Code: …….

City: ……. Country: …….

Website: …….

**COMPANY REPRESENTATIVE**

First Name: ……..

Last Name: ……..

Position: …….

E-mail: ……..

Phone: …….. Mobile: ……..

**INVOICING ADDRESS (if different than company address)**

Company: …….

Address: …….. Postal Code: …….

City: …….. Country: …….

VAT NUMBER: ……..

**MEMBERSHIP CATEGORY**

☐ National Association ☐ Company ☐ Associate Member

**THE UNDERSIGNED DECLARES THE FOLLOWING:**

☐ I understand that the application will be subject to approval of the General Assembly

DATE AND PLACE ……….. NAME …………

SIGNATURE ………..