**Request your membership/ Membership Application Form**

*Here are the fields that have to be filled in electronically (the application should then be sent to PROFEL@kellencompany.com:*

***APPLICANT***

Company: Click here to enter text.

Address: Click here to enter text.

Postal Code: Click here to enter text.

City: Click here to enter text.

Country: Click here to enter text.

Website: Click here to enter text.

***COMPANY REPRESENTATIVE***

First Name: Click here to enter text.

Last Name: Click here to enter text.

Position: Click here to enter text.

E-mail: Click here to enter text.

Phone: Click here to enter text.

Mobile: Click here to enter text.

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

Company: Click here to enter text.

Address: Click here to enter text.

Postal Code: Click here to enter text.

City: Click here to enter text.

Country: Click here to enter text.

***VAT NUMBER:*** Click here to enter text.

***MEMBERSHIP CATEGORY***

[ ]  National Association

[ ]  Company

[ ]  Associate Member

***NOMINATED REPRESENTATIVES FOR THE FOLLOWING BODIES IN PROFEL***

*Contact details (name, surname, position in the company and email address) of the nominated representative for the following bodies in PROFEL:*

|  |  |
| --- | --- |
| Choose an item.Choose an item.Choose an item.Choose an item.Choose an item. | Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text. |

***THE UNDERSIGNED DECLARES THE FOLLOWING:***

[ ]  I hereby request to receive the association’s statutes, financing and operational rules

[ ]  I understand that this application will be subject to the approval of the General Assembly of Members

***DATE AND PLACE***

Click here to enter text.

***NAME (Block Capitals)***

Click here to enter text.

**SIGNATURE**  ………………………………………………………………………………………………..