



**ETIM**  
International

## APPLICATION FORM MEMBERSHIP

### Company information

Organization name.....

Street address.....

Postal address.....

Postal code.....

City.....

Country.....

### Contact information

Title .....

Initials .....

First Name .....

Last Name .....

Position .....

Telephone .....

Fax .....

E-mail .....

Wants to apply for membership to the association ETIM International and will pay the yearly contributions as determined by the General Assembly. Membership is subject to the statutes as deposited at the foundation of the association. A copy of the applicant's chambre of commerce registration has to be added to this application.

Signature

Date and place