



APPLICATION FORM FOR MEMBERSHIP

Company :

Full address :
.....
.....

Telephone :

Fax :

E-mail :

Website (Url.) :

Name representative :

Name techn. expert :

VAT ID number :

Billing address :
(if other than above)
.....

My company is a manufacturer/converter of waxed packaging materials *
 supplier
 other:

(If available, please send us some information brochures and annual reports of your company.)

Date:

Signature:

Please return to the Eurowaxpack secretariat. Thank you.

****Please mark appropriate choice!***
