**APPLICATION FOR ASSOCIATE MEMBERSHIP**

**(Please delete what is not applicable)**

[*Form: EUCROF/F01/V04, dated 29/10/2020*]

|  |  |
| --- | --- |
| **Name of the Company** |  |
| **Registration n.** |  |
| **Date of Foundation** |  |
| **Address** |  |
| **Type of company**  **(private/public/other)** |  |
| **Website** |  |
| **Headcount** |  |
| **Main services provided** |  |
| **Reasons for joining**  **EUCROF and expectations** |  |
| **Willingness to participate in**  **Working Groups**  **If YES, please specify:** |  |

**REPRESENTATIVE DETAILS**

|  |  |
| --- | --- |
| **Application form sent by (Name)** |  |
| **Position in Company** |  |
| **Contact details:**  **Phone Fax Email** |  |
| **Signature** |  |
| **If applicant and representative are not**  **the same, please complete the following section:** |  |
| **Proposed EUCROF Representative**  **(Name)** |  |
| **Position in Company** |  |
| **Signature** |  |
| **Contact details:**  **Phone Fax Email** |  |

**Reserved for EUCROF**

**I confirm that the above Company is conform to EUCROF bylaws and therefore is accepted as a new associate/partner member of EUCROF.**

**Date of entry into membership:**

**Membership fee for current year:**

**President Vice-President**

DateDate

**The persons representing EUCROF Members, Associate Members and Partners acknowledge providing their consent when applying for membership, associate membership and partnership.**