



**Application for EBC Committee Membership**

*(When filling in this application form, please refer to the separate form entitled: "EBC Committee Membership, Categories, Fees and Dues")*

Name of Applicant: \_\_\_\_\_

Name of Company (or Organisation): \_\_\_\_\_

\_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

e-mail Address: \_\_\_\_\_

URL (if applicable): \_\_\_\_\_

European National Chamber of Commerce (if applicable): \_\_\_\_\_

Membership Category: *(Please tick appropriate category)*

(1) Premier Member: \_\_\_\_\_

(2) Special Sponsor: \_\_\_\_\_

(3) European Chamber Company & Individual \_\_\_\_\_

(4) European Company (no chamber exists) \_\_\_\_\_

(5A) Associate: Non-European Company \_\_\_\_\_

(5B) Associate: European Company (non-member of existing chamber) \_\_\_\_\_

(6) Affiliate Member \_\_\_\_\_

(7) Non-Resident Member \_\_\_\_\_

EBC Committee(s) for which this application is being submitted: \_\_\_\_\_

\_\_\_\_\_