APPLICATION FOR MEMBERSHIP FORM

Name of the agency:

Name of the person empowered to act for the agency:

Person to contact:

Address:

Tel. .............................. Fax. .............................. E-mail. ..............................

☐ declare herewith that they wish to become a member of the non-profit making association called EURADA and agree to the articles of association and to any future rules of procedure,

☐ undertake to transfer the 2018 membership fee into EURADA’s bank account N° 310-1260451-22 open in the Bruxelles-Arts Branch of the ING Bank,

☐ understand that membership will only be effective after the membership fee has been paid.

Date and signature: