

AFFILIATION FORM

*INVOICING INFORMATION:*

Company/Association’s name (in full & correct spelling):

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

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Website: ......................................................................................................................

Contact person: .....................................................................................................................

VAT number: ......................................................................................................................

E-mail: ......................................................................................................................

Type of affiliation requested: Full Member / Associate Member / Partner

Date: ......................................................................................................................

**Please send the form filled to Ms. Elise Carabédian,** **e.carabedian@eupave.eu**

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