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**AFFILIATION FORM**

**INVOICING INFORMATION**

|  |  |
| --- | --- |
| COMPANY/ASSOCIATION’S NAME (IN FULL AND CORRECT SPELLING) |  |
| FULL ADDRESS |  |
| VAT NUMBER |  |
| WEBSITE |  |
| CONTACT PERSON |  |
| EMAIL |  |
| TYPE OF AFFILIATION REQUESTED  | **FULL MEMBERSHIP****ASSOCIATE MEMBERSHIP****PARTNERSHIP** |
| DATE |  |

**PLEASE SEND THE FORM FILLED TO ELISE CARABÉDIAN,** **E.CARABEDIAN@EUPAVE.EU**