

MEMBERSHIP/PARTNERSHIP REGISTRATION FORM

*INVOICING INFORMATION:*

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

#

# Full address:

#

#

# Website:

# Contact person:

# VAT number:

# E-mail:

# Type of Membership requested: Full Member

# Date:

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