

MEMBERSHIP REGISTRATION FORM

Company : _____

Products / Activity : _____

Address (*mail*) : _____

Zipcode : _____ City : _____

Address (*visit*) : _____

Zipcode : _____ City : _____

Country : _____

VAT Number : _____

E-mail address : _____

Website address : _____

Number of employees : _____

Active Membership

NUMBER OF EMPLOYEES (only to be completed by the active members)

companies with less than 100 employees in Europe	0
companies with 100 to 199 employees in Europe	0
companies with 200 to 999 employees and more in Europe	0
companies with 1000 employees and more in Europe	0

Associated Membership

Affiliated Membership

Honorary Membership

Converter Membership

Printer of self adhesive tapes	0
Slitter of self adhesive tapes	0
Die Cutter of self adhesive tapes	0
Laminator of self adhesive tapes	0

General contact person (the regular AFERA mailings will be sent to this person)

Name : _____

Title : _____ Function : _____

Telephone : _____ Mobile : _____

E-mail : _____

Please return this form to:
Afera Secretariat
P.O. Box 85645, 2508 CH The Hague, The Netherlands
e-mail: mail@afera.com