



Bundesverband
Flachglas

APPLICATION FOR MEMBERSHIP

I hereby declare our intention to join, as a *supporting member*, the

Federal Flat Glass Association, a registered association
(Bundesverband Flachglas e.V.)
Mülheimer Str. 1, 53840 Troisdorf

We have received the Articles of Association.

(Place, date) (Company)

(signature of duly authorised representative)

The following information is used exclusively for the purpose of completing the Association's documentation. Please complete this form fully and legibly.

Company name: _____
(as registered in Commercial Register)

Company object: _____

Street, postal code, city: _____

P O Box, postal code, city: _____

Phone: (_____) _____ Fax: _____

Web page/URL: _____

Email: _____

Proprietor: _____

Company Management: (Proprietor, Managing Director, Procurist [*person having commercial power of attorney*], etc.)

Name, first name	Position	Date of birth
_____	_____	_____

Email: _____

Email: _____

Additional contacts:

Email: _____

Email: _____