



APPLICATION FOR MEMBERSHIP FORM

Name of the agency:

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Name of the person empowered to act for the agency:

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Person to contact:

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Address:

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Tel. Fax. E-mail.

- declare herewith that they wish to become a member of the non-profit making association called EURADA and agree to the articles of association and to any future rules of procedure,
- undertake to transfer the 2020 membership fee into EURADA's bank account **BE06 3101 2604 5122** open in the Bruxelles-Arts Branch of the ING Bank,
- understand that membership will only be effective after the membership fee has been paid.

Date and signature:

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