



Membership application form

To the Secretariat of CENTR vzw/asbl:

..... (company name)

whose registered office/principal place of business is at

..... (address)

applies for membership of CENTR, subject to the provisions of the Association's Memorandum and Articles of Association.

It will abide by the terms of any Rules and Regulations periodically circulated by the CENTR Board of Directors and it will neither do, nor permit its employees to do, anything which may bring the Association into disrepute.

It will pay the annual membership fee appropriate to the fee band selected and stated in the attached table.

Contact person:

.....(name)

.....(email)

Membership Fee Band Selected

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Fee Band 1 | <input type="checkbox"/> Fee Band 7 |
| <input type="checkbox"/> Fee Band 2 | <input type="checkbox"/> Fee Band 8 |
| <input type="checkbox"/> Fee Band 3 | <input type="checkbox"/> Fee Band 9 |
| <input type="checkbox"/> Fee Band 4 | <input type="checkbox"/> Fee Band 10 |
| <input type="checkbox"/> Fee Band 5 | <input type="checkbox"/> Fee Band 11 |
| <input type="checkbox"/> Fee Band 6 | <input type="checkbox"/> Associate Membership |

Authorised

Signature

Position

Name

Date