



APPLICATION FORM

Company _____

Name _____

First name _____

Function _____

Street _____

Zip code _____ City _____

Country _____

Confirms its interest in FEC membership as

- Full member (= direct member)
- Extraordinary member
- National Association
- Indirect membership through an national association
- Associated member

Signature:

Date:

Please return this form duly filled in and signed to:

Liliane Maginet

FEC Coordinator

Contact@FECassociation.eu