



## **Membership registration form** (fill in and return to our office)

contact person \_\_\_\_\_

name, initials \_\_\_\_\_

job title \_\_\_\_\_

phone / fax / mobile \_\_\_\_\_

email \_\_\_\_\_

**company (** \_\_\_\_\_

name \_\_\_\_\_

address \_\_\_\_\_

postal code / place \_\_\_\_\_

phone / fax \_\_\_\_\_

email \_\_\_\_\_

website \_\_\_\_\_

**branche** \_\_\_\_\_

core business \_\_\_\_\_

relation in the Netherlands (if any) \_\_\_\_\_

established (year) \_\_\_\_\_

no. of employees \_\_\_\_\_

turnover \_\_\_\_\_

**membership / amount** patron \_\_\_\_\_ EUR/year (at least 800)

Corporate 350,- EUR/year

Personal 150,- EUR/year (*non-company/ one-man firm*)

<b>date signature and stamp</b>  _____
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<b>registration no. DCC</b>  _____
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