

EVVC Membership Application

Please complete the form online and press "Print form" at the bottom of this document when finished. Afterwards please sign it and send it via fax to the EVVC Head Office at +49 (0) 69 91 50 96 98 9.

EVVC Head Office
Eschersheimer Landstraße 23
60322 Frankfurt am Main
Germany

Fon +49 (0) 69 91 50 96 98 0
Fax +49 (0) 69 91 50 96 98 9
info@evvc.org

Name (Company, Institution)	<input type="text"/>	Legal form	<input type="text"/>
Street, Street number	<input type="text"/>		
Country	<input type="text"/>	Post code	<input type="text"/>
	City	<input type="text"/>	
Fon	<input type="text"/>	Fax	<input type="text"/>
E-Mail	<input type="text"/>	Website	<input type="text"/>
Responsible (e.g. City)	<input type="text"/>		
EVVC & Expo-Event combined membership (only for Switzerland)	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

Name (Location)	<input type="text"/>		
Street, Street number	<input type="text"/>		
Country	<input type="text"/>	Post code	<input type="text"/>
	City	<input type="text"/>	
Fon	<input type="text"/>	Fax	<input type="text"/>
E-Mail	<input type="text"/>	Website	<input type="text"/>
Seats in a row in the largest room	<input type="text"/>		

Contact Person	<input type="text"/>		
Fon	<input type="text"/>	E-Mail	<input type="text"/>
Fax	<input type="text"/>	Mobile	<input type="text"/>
Notice	<input type="text"/>		

Date Signature: _____

signed by

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