First Name:…………………………………………………………………………………….

Last Name:…………………………………………………………………………………….

Company Name:……………………………………………………………………………..

Position:…………………………………………………………………………………………

Address:…………………………………………………………………………………………

……………………………………………………………………………………………………..

……………………………………………………………………………………………………..

Post Code: ………………………………… 'Phone No.:……..………….………….….

E-Mail:…………………………………………………………………………………..………

Web address:………..…………………………………….………………………………...

I / We wish to join APWPT e.V. as

 **Regular Member**

The annual membership fee for regular members is EURO 500.00.

 **Supporting Member**

Supporting members contribute to the association’s activities by an annual fee of not less than 100.00 EUR. They are free to contribute a higher amount.

Signed:…………………………………….………………

Date:………………………………….……………..…….