

Membership form – Associated Membership of ESPORG

Company or organization name		
Contact Person		
Address		
Postal code	City	
Phone	Mobile	
E-mail	www	

VAT-number or company registration number	Date of establishment
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Describe the company/organization interest and business areas:

The undersigned hereby declare that he/she has the authority to subscribe to the ESPORG membership. By signing this form the undersigned subscribe the above company/organization to become an associated member of ESPORG. The signatory declares at the same time to have read the ESPORG statutes and the ethical guidelines, which at all times shall be kept by the associated member company/organization.

The undersigned also declare that the company/organization, nor the majority shareholders, nor the management team have ownership or majority financial interest in SSTPAs without these being members of ESPORG.

The undersigned also accept that ESPORG has the right to share contact information about the company/organization to other ESPORG members or beyond. Please tick the box to indicate acceptance: ☐

Name, Function

Date

Signature of authorized representative

Name, Function

Date

Signature of authorized representative

