

Membership application form

Company name		
Contact person		
Responsible Manager		
Address		
Postal code	City	
Phone		E-mail
GSM		WWW

Company registration number	Establishment date
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# Parking slots	Describe the security and service levels (enclose certification if any)

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 a 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 member..

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

Name, Function

Date

Signature

