

## EBA Membership Application form

<b>ORGANIZATION NAME:</b>	
<b>ADDRESS:</b>	
<b>ZIP CODE:</b>	
<b>TEL:</b>	
<b>E-MAIL:</b>	
<b>WEB SITE:</b>	
<b>TAX ADMINISTRATION CODE:</b>	
<b>NUMBER OF EMPLOYEES:</b>	
<b>SECTOR:</b>	
<b>COMPANY ACTIVITY DESCRIPTION:</b>	
<b>CONTACT PERSON:</b>	
<b>POSITION:</b>	
<b>TEL:</b>	
<b>E-MAIL:</b>	
<b>CONTRIBUTION: AMD 300.000</b>	

<b>DATE</b>	<b>INVOICING DATA</b>
<b>NAME AND POSITION</b>	<b>SIGNATURE / STAMP</b>