



IBU Membership Application Form

- Regular members (Company)
 Regular members (Parent companies)
 Regular members (Trade associations)

- Associated Membership
 Sponsoring members
(Please mark applicable with a cross)

NAME OF THE COMPANY / TRADE ASSOCIATION		To be filled in by IBU	
		Membership number:	Member since:
LEGAL ADDRESS:			
Street / House no.	Postcode	City	Country
E-mail	Phone	VAT No. (European countries):	
Web address: WWW.	Fax	VAT ID No. (if available):	
Total turnover of the latest accounting year respective fee category (according to point (6) of the IBU contribution rules)			
Turnover:		EUR	Fee Category:
CONTACT PERSON			
→ Regarding technical matters on the creation of EPDs			
Title	Surname	First Name	Position/Function
E-mail		Phone extension	
→ In the field of public relations / marketing			
Title	Surname	First Name	Position/Function
E-mail		Phone extension	
→ For invoicing (if different from the contact person for technical matters)			
Title	Surname	First Name	Position/Function
E-mail		Phone extension	
→ Person entitled to vote at the IBU general meeting:			
INVOICE ADDRESS (IF DIFFERENT TO LEGAL ADDRESS)			
Company Name			
City	Postcode	Country	

- We confirm that the company / association has read the IBU Statutes and Trade Mark Use Statutes, the IBU General Terms and Conditions, and IBU General Programme Instructions as well as the IBU Membership Fee Regulations, and that it agrees to comply with the provisions defined in these documents.
- We hereby declare that the company / association intends to join the IBU as a member.

Place and date _____

Company stamp / Name of legal representative and signature _____