

CORPORATE MEMBER ENROLLMENT FORM

FCSI NEDERLAND

Postbus 138

5360 AC Grave

Tel. 0486-477792

Email info@fcsi.nl

Website www.fcsi.nl

1. Company listing

Company Name

Address

P.O.Box No.

Postal Code

City

Phone...../

E-mail

Homepage

2. Listing of two Corporate Member Representatives

Please designate two individuals of your company as the „FCSI Corporate Member Representatives“

2.1 First Name

Last Name

Title or function

born

Phone

E-mail

2.2 First Name

Last Name.....

Title or function

Born

Phone

E-mail

3. Listing of Products and Services

Give brief description of the products produced and/or sold by your company or services rendered

3.1 Products

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.....

3.2 Services

.....

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4. Mission statement / Company philosophy

Give brief description of your company's mission statement/company philosophy

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5. Company logo

Please add company logo for potential publication.

6. Photos of Corporate Member Representatives

Please add photos for potential publication.

7. Annual fee for Corporate Membership

The annual fee for Corporate membership is € 1.595,00



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Date

Signature