**Europharm Membership Registration Form**

***Please complete this form and send it back to
Europham SMC by e-mail to*** ***ave@europharmsmc.org***

**Please write in capital letters**

Company Name :

First name / last name:

Title:

Address:

Country:

Phone:

E-mail:

VAT :

**I agree to join EUROPHAM SMC as:**

**Effective member** (for a yearly membership fee of € 1,750 excl.VAT)

**Supportive member** (for a yearly membership fee of € 2,500 excl.VAT)

**Premium member** (for a yearly membership fee of € 6,500 excl.VAT)

**Supportive Premium member** (for a yearly membership fee of € 6,500 excl.VAT)

**Membership rules**

The membership will be automatically renewed except if we receive a written notice of resignation three months before the end of the year.

Members who have resigned, have been excluded or no longer qualify as members shall have no right whatsoever with regards to the common fund of the Association. They may not claim reimbursement of any contributions paid and shall owe the Association the annual contribution applicable for the year of their departure.

I confirm that I am aware of these rules and herewith sign this form.

(date, signature)