

Send Membership Application to:

eurammon e. V.
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MEMBERSHIP APPLICATION

Hereby we/I apply for membership in the

eurammon e.V.

We/I agree to the statutes and the
membership fees of the eurammon e.V.

Company: _____

Company size: _____
(No. of employees)

Name: _____

Address: _____

Phone: _____

Fax: _____

e-mail: _____

http:// _____

Membership Categories:

- Ordinary member
 - Extraordinary member
 - Extraordinary member (individuals)
- (Please select your category)

Location/Date

Legally binding signature/company stamp