



Membership Application Form

1. **Company Name** _____

2. **Company Registration Number** _____

3. **VAT number** _____

3. Legal Address

street _____ city _____

zip code _____ country _____

phone _____ fax _____

e-mail _____ website _____

4. Mailing Address (if differs from legal address)

street _____ city _____

zip code _____ country _____

5. Profile (mark applicable)

producer retailer wholesaler service provider other _____

6. Company turnover of last financial year

less than 10 mln Eur 10-50 mln Eur 50-150 mln Eur over 150 mln Eur

7. Contact person

first name _____ surname _____

position _____

phone _____ mobile phone _____ fax _____

e-mail _____

Hereby I confirm that I was informed about ECR Baltic Rules&Regulations as well as membership fees structure. I also agree to place the company data in ECR Baltic members' database and process it according to the regulations of the act of personal data security. The data will be processed in order to realize statutory activities of ECR Baltic and making them available to third parties. I have right to inspect, correct and erase these data.

Signature

(Name, Surname and Position)

Date " ____ ". _____ 20 ____