

MEMBERSHIP APPLICATION FORM

MEMBERSHIP CATEGORY: Active **A** Associate **A** **C**
 Active **B1** Associate **B1** **D**
 Active **B2** Associate **B2** **E**

If applying as a member of an association belonging to E.F.E.O. indicate its name:

Full name of your company/association:

Street name and number:

State, Zip code, Country:

Phone (incl. country code):

Contact Person:

Fax:

E-mail:

Website:

COMPANY DESCRIPTION

- Trader
 Producer
 Aromatherapy
 Fragrance house
 Other:

SPONSOR (MEMBER OF E.F.E.O.)

Company:

Name:

Phone:

Fax:

E-mail:

In case a sponsor has not been mentioned above, please provide some information helping E.F.E.O.'s Board to decide on your application:

We learned about E.F.E.O. from E.F.E.O.'s webpage
 other branch company / competitor
 other sources:

We are active in business since:

Registration number in commercial / trade register:

Why we want to join and what we expect from E.F.E.O.:

Place and date:

Signature: