

INDIVIDUAL MEMBERSHIP APPLICATION FORM
O €300

COMPLETE NAME

ADDRESS

POSTCODE

CITY

PHONE

EMAIL

GSM

FAX

VAT (IF APPLICABLE)

BRIEF DESCRIPTION OF ACTIVITY IN BELGIUM

I AGREE, IF ELECTED, TO ABIDE BY THE CHAMBER'S RULES AND REGULATIONS AND TO PAY THE APPROPRIATE ANNUAL DUES.

SIGNED BY

DATE

SIGNATURE