

## 2022 MEMBERSHIP APPLICATION

COMPANY INFORMATION	
Name of company:	
Company address:	
City:	ZIP code:
Share capital:	
REPRESENTATIVE INFORMATION <sup>1</sup>	
First name and surname:	
Job title:	
Phone:	Email:
PERSONAL ASSISTANT CONTACT	
First name and surname:	
Phone:	Email:

**2022 Member fees applicable to company members are:**

### Annual membership for companies by **SHARE CAPITAL**



Please return the form to: [secretariat@europeanissuers.eu](mailto:secretariat@europeanissuers.eu) or EuropeanIssuers, Rue Belliard 4-6, bte 1. 1040 Brussels, Belgium.

The Applicant, having read the [Articles of Association](#) and competition policy guidelines of EuropeanIssuers, aisbl-ivzw, an International Not for Profit Association subject to Belgian law with main seat in Brussels (Belgium), 4-6 rue Belliard, agrees to abide by the conditions of membership therein, requests membership of the Association in accordance with article 6 and agrees to the notice information stated in article 7 of our [bylaws](#).

Signed in ..... on .....

Name:

Title:

Signature

<sup>1</sup> Main representative for EuropeanIssuers