

MEMBERSHIP REGISTRATION FORM 2019



FAMILY NAME* _____

FIRST NAME(S)* _____

* MALE FEMALE

COMPANY DETAILS:

COMPANY NAME _____

COMPANY'S ACTIVITY _____

POSITION _____

ADDRESS _____

PHONE _____

FAX _____

E-MAIL _____

PRIVATE DETAILS*:

ADDRESS _____

PHONE _____

FAX _____

E-MAIL _____

PREFERRED POINT OF CONTACT*: Company Private

GO TO NEXT PAGE ->

I would like to apply for:

Private

Corporate

[For corporate members only] Please list the names and e-mail addresses of five persons from your company that should be invited to SDBP events:

1. _____
2. _____
3. _____
4. _____
5. _____

I hereby consent that my data can be used to inform me about relevant SDBP matters according to the SDBP privacy policy. Read more at: www.sdbpgroup.com/our-privacy-policy

DATE:

SIGNATURE:

- **FIELDS MARKED WITH * CANNOT BE LEFT BLANK**
- **YOUR REGISTRATION FORM CAN BE E-MAILED TO info@sdbp.eu**

- **Membership fees for 2019 will be charged according to the following scheme:**
 - Membership for physical persons for the year 2019 will amount to **30 EUR**
 - Corporate membership for the year 2019 will amount to **250 EUR**
 - Our bank account's IBAN is: **NL37INGB0008190810**, at ING Bank (INGBNL2A)
 - Please mention your name in the description of the payment