

# LuxFLAG Associate Membership Form

## General informations

Name of the Company

Number of employees

Address

Website URL

Nature of Business

Activity or interest in the purpose of LuxFLAG

## I/We therefore declare that:

I/We want to apply for Associate Membership of LuxFLAG;

I/We read the Statutes of the Association, and accept and agree to be bound thereby;

I/We are qualified for Associate Membership under the Statutes of the Association;

I/We allow LuxFLAG to place the link and logo on its website to the website of my/our entity;

I/We agree to pay the annual associate membership fee of 2000 €.

## Request submitted by

Full Name

Position

E-mail address

Phone number

Place

Date

Signature

## Contact person

Full Name

E-mail address

Please send this application form to LuxFLAG together with a copy of your latest annual report and logo via e-mail to: [info@luxflag.org](mailto:info@luxflag.org) or call us at: **+352 20 28 50**

LuxFLAG processes your personal data according to its data protection policy which is accessible on LuxFLAG's Website and under the following [link](#).