

LuxFLAG Associate Membership Form

General information

Company name

Number of employees

Address

WebsiteURL

Nature of Business/ Industry

Activity or interest in the purpose of LuxFLAG

How did you find out about 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 2.000 €.

Request submitted by

Full name

Position

E-mail address

Phone number

Place

Date

Signature

Contact person (if different from above)

Full name

E-mail address

Please complete and sign this application form and send it back to communications@luxflag.org including a copy of your latest annual report and your logo.

For further information visit our [website www.luxflag.org](http://www.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](http://www.luxflag.org).