

GENERAL INFORMATION

Company name

Number of employees

ADDRESS

Street

Postal / Zip code

City

Country

Website URL

PRIMARY CONTACT PERSON

First and last name

Position

Email address

Phone number

Mobile number

TERMS AND CONDITIONS

For the purpose of the application for the LuxFLAG Associate Membership, the applicant hereby declares that:

1. it reads the Coordinated Statutes of LuxFLAG and accepts and agrees to be bound thereby;
2. it acknowledges that the Associate Membership is valid for a term of one (1) year starting from the date of approval of the application by the Board of Directors of LuxFLAG and ending on the last day of the twelfth month thereon;
3. it agrees to pay the annual Associate Membership fees of either 1.500 euros excl. VAT for companies with fewer than 10 employees, or 3.000 euros excl. VAT for companies with 10 or more employees ;
4. it acknowledges that if the Associate Membership fee remains unpaid for a period exceeding two months, LuxFLAG reserves the right to revoke the Membership without further notice;
5. it acknowledges that the Associate Membership is automatically renewed upon the expiration of the membership's one-year validity period;
6. it acknowledges that the Associate Membership can be terminated by either party with a written notice of at least one month prior to the expiration date;
7. it reads the LuxFLAG Data Protection Policy;
8. it understands that LuxFLAG will retain and use the information that the applicant provides herein, notably the company name, the address and the contact details of a primary contact person, in accordance with the LuxFLAG Data Protection Policy;
9. it authorizes LuxFLAG to share the website link, description and logo of the applicant on the LuxFLAG website, while acknowledging that the disclosure of the remaining information is subject to the prior written authorization of the applicant; and
10. it understands that it can exercise the right to withdraw the use and/or retainment of the information herein anytime in writing after the commencement of the Associate Membership.

Please complete and sign this application form and send it back to communications@luxflag.org including the following information:

- Short company description
- Latest Annual Report
- Company logo

LuxFLAG processes your personal data according to its data protection policy which is accessible on LuxFLAG's website.

Place

Date

Signature

