

## GENERAL INFORMATION

Company name

Number of  
employees

## ADDRESS

Street

Postal / Zip code

City

Country

Website URL

## PRIMARY CONTACT PERSON

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First and last name

Position

Email address

Phone number

Mobile number

This Application Form is issued pursuant to the LuxFLAG General Terms and Conditions for the Associate Membership, available at <https://luxflag.org/en/associate-membership/> and together form the agreement between LuxFLAG and the Associate Member as of the Agreement Effective Date.

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

- Short company description
- Latest Annual Report
- Company logo

LuxFLAG processes your personal data according to its [privacy policy](#) which is accessible on LuxFLAG's website.

Place

Date

Signature by an authorized  
representative