

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

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 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