

Corporate Membership Application

1. COMMUNICATIONS ADDRESS		
Title:	Initials:	Job title:
First name(s):	Family name:	
Organisation:		
Address:		
City:	Postcode:	Country:
Telephone:	Fax:	
Email:	Website:	
2. COMPANY PROFILE		
<input type="checkbox"/> Accounting <input type="checkbox"/> Car rental <input type="checkbox"/> Convention Bureau <input type="checkbox"/> Display/Design/Build Service <input type="checkbox"/> Exhibition management <input type="checkbox"/> Insurance services <input type="checkbox"/> Meetings/Events accessories <input type="checkbox"/> Speaker bureau	<input type="checkbox"/> Airline <input type="checkbox"/> Computer hardware/software <input type="checkbox"/> Data Management/entry <input type="checkbox"/> Entertainment agency <input type="checkbox"/> Hotel - Independent <input type="checkbox"/> Mail/Postal services <input type="checkbox"/> Professional Conference Organiser <input type="checkbox"/> Travel agency	<input type="checkbox"/> Audio/Visual equipment supply <input type="checkbox"/> Conference/Exhibition venue <input type="checkbox"/> DMC <input type="checkbox"/> European affairs agency <input type="checkbox"/> Hotel - Group Sales <input type="checkbox"/> Management consultancy <input type="checkbox"/> Public/Media relations <input type="checkbox"/> Other (<i>Please specify</i>)
3. TYPE OF MEMBERSHIP YOU ARE APPLYING FOR:		
<input type="checkbox"/> Corporate Membership - 1,200 € Individuals, companies, organisations and agencies engaged in the provision of goods and/or services to the association community may qualify as Corporate members of ESAE.		
6. INVOICE ADDRESS DETAILS (If different from above)		
7. APPLICATION		
a) I can confirm that the information which I have supplied above is true and correct to the best of my knowledge b) If my application is accepted, I agree to be bound by the statutes, by-laws, policies and procedures duly adopted by the ESAE and also by ASAE insofar as they apply to the Global Alliance arrangements. c) I authorize the ESAE and ASAE to make use of the information supplied in this application in accordance with Data Protection legislation currently in force.		
Signature:		Date:

When completed, this form should be returned to:
 ESAE, 1 Queen Anne's Gate, Westminster, London, SW1H 9BT, UK
 Tel: +44 20 7227 3590 Fax: +44 20 7222 4440 Email: info@esae.org Website: www.esae.org