

## Application Form for Associate Membership

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Name of entity / person

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Address

**Contact person**

Name:

Tel:

Fax:

e-mail:

website address (*for display on LuxFLAG website*):

Number of employees:

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Nature of business (*for the LuxFLAG website, max. 135 characters incl. spaces*)

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Activity or interest in the purpose of LuxFLAG

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I / we apply for Associate Membership of Luxflag;

I / we I have read the Statutes of the association and accept and agree to be bound thereby;

I / we qualify for Associate Membership under the Statutes of the Association;

I / we agree to allow Luxflag to place a link on its website to the website of our entity;

I / we I agree to pay its dues.

Request submitted by:

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Name

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Date

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Position

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Name

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Position

**Please return this form to Luxflag together  
With a copy of your latest Annual Report to:**

**Signature(s)**

Luxflag secretariat, 59 boulevard Royal, L-2449 Luxembourg

Mail address : BP 206, L-2012 Luxembourg. Tel : 22 30 26 1 e-mail: [info@luxflag.org](mailto:info@luxflag.org)