



FEDERATION OF EUROPEAN DIRECT AND
INTERACTIVE MARKETING

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FEDMA MEMBERSHIP REQUEST FORM

Please fill in this form, sign it and fax it to FEDMA at +32 2 778 9922 or scan it at membership@fedma.org. This form is for the attention of FEDMA Board.

1. Company details

Administration matters contact

Mr/Mrs/Ms: ____ Name: _____

Title: _____

Company*: _____

Legal Status: _____

Address: _____

Country: _____

Telephone: _____ Fax _____

E-mail: _____ Website: _____

VAT number: _____

*Please communicate here invoicing address.

2. Eligibility

What is the nature of your business?

- My company is a member of the following DM Association: _____
- My company is not a member of a DM Association.

3. Legal Affairs Committee contact

Identical as Administration matters contact

Mr/Mrs/Ms: ____ Name: _____

Title: _____

Company: _____

Address: _____

Country: _____

Telephone: _____

E-mail: _____

Any other contact to receive FEDMA newsletters (you can add as many as you wish):

Name	Title	Contact details

4. Request for membership

I am authorised by my company/organisation to apply for FEDMA membership.

My company/organisation is engaged in the field of Direct or Interactive Marketing. My company/organisation is validly incorporated and validly existing under the laws and practices of its country of origin.

I have read and understood FEDMA statutes and the terms and conditions of FEDMA membership and agree that my company/organisation shall abide by the statutes and terms and conditions of FEDMA Membership.

Attachment: please attach in annex to this request form a document where you specify the importance of your company in the industry and the support it can give to the association at its admission so that the Board may confirm your membership and its fee.

Date: _____

Signature: _____

Company seal