

MEMBERSHIP FORM

MEMBERSHIP N°:

DATE:

1. STATUS

Private

Government

Public/Private Partnership

Other.....

Name :	
Address :	
City:	Postal code:
P.O. Box:	Country:
Phone:	
Fax :	
Web site:	
Name of the Single Window:	

2. REFERENCES OF THE MAIN REPRESENTATIVE

Surname :	
Name :	
Nationality :	
Profession :	
Address :	
E-mail :	
Phone :	Fax :

5- YOUR POINT OF VIEW

5- a What are your expectations from the Alliance ?

5- b Comments and suggestions

Done in

On

Signature & Seal