

## Membership application form

### Applicant Details

<b>Organization</b>	
Name:	
URL:	
Registration Number & Country of Registration:	
Brief description of the applicants business:	
<b>Address</b>	
Street & Number:	
City, postal code, Country:	
<b>Bill-to Address (if different from above)</b>	
Street & Number:	
City, postal code, Country:	
<b>Voting delegate</b>	
Name:	
Title:	
Email address:	
Telephone number:	

- The applicant hereby accepts the statutes of DTCE and agrees to comply with all provisions of such statutes.
- The applicant hereby confirms that it meets the membership criteria for DTCE as set out in the Statutes.
- The applicant consents to the publication of its name and coordinates on the DTCE website. The applicant also agrees to communications being forwarded to the number/address stated above provided that the content thereof relates to its DTCE membership.
- The applicant confirms that it will be liable to pay such fees as are set by the Association from time to time. Initially such fees will be the annual membership fee amounting to €1,000 per calendar year.

### Signature of duly authorised signatory for the applicant:

Place
Date
Signature
Full name and position

Kindly return a digitally or hand-signed and scanned copy of this form to [info@dtce.com](mailto:info@dtce.com)