

# Membership sign-up



I hereby declare to become a member of the MTM Association Benelux as \*

Company membership (please fill in your company address below)

Our company has currently \_\_\_\_\_ employees in total

Year contribution and voting rights regulation\*:

- Up to 200 employees: € 75,00 = 1 vote
- more than 200 employees: € 150,00 = 2 votes
- more than 400 employees: € 225,00 = 3 votes
- more than 700 employees: € 300,00 = 4 votes
- more than 1.000 employees: € 375,00 = 5 votes
- more than 3.000 employees: € 450,00 = 6 votes
- more than 5.000 employees: € 525,00 = 7 votes
- more than 10.000 employees: € 600,00 = 8 votes

Corporate membership (please fill in your company address below)

Year contribution and voting rights regulation\*: € 75,00 = 1 vote

Personal membership (f.e. universities, schools, research institutions, authorities, associations; Please fill in Private address and if necessary business address below)

I can assure that all benefits occurring from my membership, just by me personally and not for third parties, in particular not for an organization, will be advanced.

Year contribution and voting rights regulation\*:

- I am a personally Member: € 75,00 = 1 vote
- I'm employee of a company member which is a member of the MTM Association Benelux and pay a reduced company fee of € 30,00 = 1 vote.

**Company address \*\***

We hereby declare our consent that our data can be collected and published by the MTM Association Benelux.

\_\_\_\_\_  
Company

\_\_\_\_\_  
Street, No.

\_\_\_\_\_  
P.C., City

Invoice membership attend to:

\_\_\_\_\_  
Surname, name

\_\_\_\_\_  
Department

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Phone

Please send informative to:

\_\_\_\_\_  
Surname, name

\_\_\_\_\_  
Department

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Phone

\_\_\_\_\_  
**City and date**

The content of procedure rules is known to me\*

I request to send the rules of procedure\*

**Private address\*\***

We hereby declare our consent that our data can be collected and published by the MTM Association Benelux.

\_\_\_\_\_  
Surname, name

\_\_\_\_\_  
Street, No.

\_\_\_\_\_  
P.C., City

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Company

\_\_\_\_\_  
Function/Department

\_\_\_\_\_  
Street, No.

\_\_\_\_\_  
P.C., City

\_\_\_\_\_  
**Signature or stamp**

\*Please mark your choice

\*\*Please fill in in block letters