

---

Company name:

Chamber of Commerce number:

Director/owner:

Contact person:

---

**Bezoekadres:**

Street name:

Zipcode / Place:

Postal address:

Street name:

Postcode / Place:

**Contactgegevens:**

Phone number:

Mobile:

Website:

Email 1:

Email 2:

---

Number of persons employed (incl. director):

---

Betreft:

Ordinary membership

Ordinary membership + Metaalunie membership

Associate membership

Extraordinary membership + Metaalunie membership

Associate membership

Is already a member of Koninklijke Metaalunie with the above-mentioned company:  Yes  No

---

Declares herewith to comply with the description of the target groups mentioned in the articles of association wishes to become a member of DutchForm.

Date:

Signature: