



EUMOS

EXPERT MEMBERSHIP APPLICATION

Individual persons

MEMBERSHIP

FIRST NAME SURNAME

ACTIVITY SECTOR

RECOMMENDED BY EUMOS MEMBER

CONTACT DETAILS

ADDRESS POSTAL CODE

CITY COUNTRY

E-MAIL TEL.

WEBSEITE FAX

INVOICING DETAILS

INVOICE RECIPIENT

INVOICE ADDRESS

COUNTRY

VAT NUMBER

I HAVE READ THE STATUTES OF EUMOS

**I CONFIRM THAT THE DATA MENTIONED ABOVE CAN BE STORED IN THE EUMOS DATABASE
COMPLYING WITH THE EUROPEAN GENERAL DATA PROTECTION REGULATION.**

PLACE | DATE

SIGNATURE

Please send a scanned copy of this form to info@eumos.eu