



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 AND I WILL COMPLY WITH 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