

Please send the filled and signed membership application form to members@vinylalliance.org

Last Name:		First/Given Name:
Office Phone:		Mobile Phone:
E-mail Address:		
MEMBER INFORMATION		
Organization Name:		
Street Address:		
City:		State:
Country:		Postal Code:
Website:		
MEMBERSHIP CATEGORY (CHECK ONE)		
Premium Member	Standard Member	Personal Member
<ul style="list-style-type: none"> • €3,500 p.a. • 2 votes 	<ul style="list-style-type: none"> • €1,500 p.a. • 1 vote 	<ul style="list-style-type: none"> • €250 p.a. • No vote
PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR ORGANIZATION		
SIGNATURE OF AUTHORIZED REPRESENTATIVE		
I am an authorized representative of the organization listed above and hereby agree to: (i) follow the Articles of Incorporation and Bylaws of the Vinyl Alliance e.V.; (ii) uphold and support the policy priorities of the Vinyl Alliance e.V; and (iii) tender all requisite dues in a timely manner.		
Signature:		Date:
Name:		

