

Premium Membership Application



Thank you for your interest in joining the Vinyl Alliance!

Please send the completed 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:	
Legal Entity:	
Street Address:	
City:	State:
Country:	Postal Code:
Website:	
Premium Membership Details	
Annual Fee, Premium: €3,500	Benefits: <ul style="list-style-type: none">• Unrestricted Attendance at Members Meetings• 2 Active Votes at Members Meetings• 2 Working Group Delegates• 1 Potential Board Member Candidacy• Includes further benefits to be added
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:	

