

Standard 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:	
Standard Membership Details	
Annual Fee, Standard: €1,500	Benefits: <ul style="list-style-type: none">• 1 Place at Members Meetings• 1 Active Vote at Members Meetings• 1 Working Group Delegate• 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:	

