

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:		VAT:	
MEMBERSHIP CATEGORY (CHECK ONE)			
Premium Member	Standard Member	Personal Member	
<ul style="list-style-type: none"> • USD 4,250 p.a. • 2 votes 	<ul style="list-style-type: none"> • USD 1,850 p.a. • 1 vote 	<ul style="list-style-type: none"> • USD 300 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:			

