
MEMBER APPLICATION FORM

COMPANY DETAILS

Legal name..... Adress

Acronym..... City.....

VAT n..... Zip code

Phone..... Country

General Email.....

Website

Package types

CONTACT PERSON DETAILS

First name.....Last name

Position..... Telephone

Email..... Accounting email

SUPPORTING LEVEL

I confirm that our company would like to join RecyClass. We would like to support as:

BRONZE **GOLD** **PLATINUM**

- I declare that the above mentioned information is correct.
- I understand that participation to this membership type is subject to specific conditions as written down in the “RecyClass Internal Procedures”.

Date, signature & name of authorized representative

Company Stamp

PLEASE FILL IN THE FORM AND SEND IT VIA EMAIL TO: INFO@RECYCLASS.EU