
SUPPORTER APPLICATION FORM

ORGANISATION 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 organisation would like to join RecyClass as:

SUPPORTER

- I annexed a letter to the application form to describe which kind of support will be offered to RecyClass.
- 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

Organisation Stamp

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