

FRIENDS' APPLICATION FORM

Yes, our company would like to be a Friend of the Plastics Recyclers Europe, we would like to affiliate as:

Silver Friend

Gold Friend

Company/Association Details

Legal name:.....
Acronym:..... Country:.....
Address:..... Telephone:.....
Zip code:..... City:.....
VAT no.:..... Website:.....
General email:

Contact Person Details

First name:..... Last name:.....
Position:..... Telephone:.....
Email:..... Accounting email:

I understand that participation to this membership type is subject to specific conditions as written down in the PRE Internal Rules.

I hereby declare that I have read the Articles of Association and Internal Rules of PRE (see website) and agree to comply with them. I declare that the above mentioned information is correct.

.....
Date & Signature & name of authorized representative

.....
Company Stamp

Please send this form back via info@plasticsrecyclers.eu