



ACTIVE MEMBER APPLICATION FORM

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.....

MEMBERSHIP CATEGORY

Company Association

For more information see the PRE Articles of Associations & Internal Rules on our website

LDPE PET Technical Plastics HDPE PP / PO PVC

- 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.
- I enclose a certified copy of our recycling permit (applicable for Active Members).

Date, signature & name of authorized representative

Company Stamp

PLEASE SEND THIS FORM BACK VIA INFO@PLASTICSRECYCLERS.EU