



# 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](mailto:INFO@PLASTICSRECYCLERS.EU)**