

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 Adherent Association

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

LDPE PET Technical Plastics
 HDPE/PP PTTs 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 and enclose a certified copy of our recycling permit.

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

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Company Stamp

Please send this form back via info@plasticsrecyclers.eu

