



**Application Form Membership
International Licensing Platform Vegetable**

Company name / Institute : _____

Visiting address : _____

Postal code & city : _____

Country : _____

Postal address : _____

Postal code & city : _____

Country : _____

Invoice address (if applicable) : _____

Postal code & city : _____

Country : _____

General telephone : _____ **Fax:** _____

General e-mail address : _____

Website address : _____

VAT number : _____

Chamber of Commerce nr. : _____

Responsible person for ILP Veg : _____

Position : _____

Direct e-mail address : _____

Direct phone : _____



Deputy for responsible person : _____

Position : _____

Direct e-mail address : _____

Direct phone : _____

Company details

The number of persons (including directors) employed by the company at the date of registration*:

- | | | | |
|--------------------------|---------|---------------------|---------------------------------|
| <input type="checkbox"/> | Small: | < 100 employees | Annual membership fee: € 4.500 |
| <input type="checkbox"/> | Medium: | 100 – 500 employees | Annual membership fee: € 9.000 |
| <input type="checkbox"/> | Large: | ≥ 500 employees | Annual membership fee: € 13.500 |

* Total number of persons of the mother, daughter and sister companies

Short description of the company:

If the company operates in a group, please state hereinafter:

By submitting this form the above mentioned organisation agrees to become a member of International Licensing Platform until further notice. By becoming a member the organisation agrees to the ILP Articles of Association (to be found on www.ilp-vegetable.org) and thus agrees to pay an annual membership fee during the time of the membership. An invoice including payment details will be sent annually.

Date : _____

Signature : _____

Please return this form to :

International Licensing Platform Vegetable
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Email: mail@ILP-vegetable.org