

REQUEST FOR ADHESION FORM

I, the undersigned:	
In my capacity of (position):	
Representative of: (please, specify the full name of the Orga	anisation):
- ask to be admitted to COPEAM as a	
- declare to have read the <u>Association</u> therein, should the present demand for	on's By-Laws and to accept all the disposals included or adhesion be approved
- give my consent to the use of m document related to the Privacy Police	y personal data by filling and signing the attached y for COPEAM Members.
Address:	
Town:	PC: Country:
Phone:	Mobile:
Fax:	Web site:
E-mail:	
the established membership fee. Any admitted Member can resign from COPEA Should such communication not reach the ment withdrawing Member is committed to correspond	OPEAM as an Active Member implies the obligation to honour annually AM after having informed the General Secretariat by registered letter. ioned Secretariat before the end of the ongoing accounting period, the d the annual fee related to the following accounting year.
For approval	
	Date:
	SIGNATURE :

