



## APPLICATION FOR MEMBERSHIP WAB e.V.

I/we would like to apply for membership at WAB e.V.

Company / Institute

Contact Person

Street Address

Postal Code / City

Phone

With my signature I/we agree that WAB can store the data I/we enter on this application (unless otherwise indicated by WAB) and that WAB may publish and use this data in the context of its work (for example on its website or in the WAB newsletter)

After confirmation of membership, I/we will receive an invoice for the membership fee. The membership fee will be invoiced annually and is based on the WAB membership fee regulations (as of 2011).

I am/we are aware of the membership regulations according to the current statutes of the WAB e.V. (<https://www.wab.net/mitglieder/mitglied-werden/mitgliedsantrag/>)

City / Date

Signature / Company Stamp