

CELUM Usergroup
c/o brix cross media AG
Baslerstrasse 103A
4123 Allschwil

Switzerland

Membership Application Form

I herewith apply to become a member of the CELUM Usergroup (CUG) starting with the current contribution period.

Type Of Memberhip

- | | |
|--|--------------------------------|
| <input type="checkbox"/> company / institution | annual contribution EUR 300,00 |
| <input type="checkbox"/> personal / private | annual contribution EUR 100,00 |
| <input type="checkbox"/> student / trainee | annual contribution EUR 50,00 |

Member

Company / Name	Billing Address
Street / P/O Box	
ZIP / Town	
Country	
Phone	
Email	

Contact In Your Company

Primary contact if member is a legal person

Name, First Name
Phone
Email

Secondary contact (optional)

Name, First Name
Phone
Email

Voluntary Info About Your Company

Headquarter
Number Of Employees
Field Of Business

The statutes of the association are known to and accepted by me / us. Membership can be terminated at any time becoming valid at the end of a contribution period.

Place / Date

Signature/Company Stamp