Special July 2020 Offer

EUROPE, MIDDLE EAST, AFRICA - MEMBERSHIP APPLICATION

(Please fill in the application and send it to emea@issa.com)

Company Name

Mailing Address

Phone

Fax [Country Code + Area Code + Number]

City

E-mail

ZIP Code

Website

Country

Primary Contact [First Name, Last Name]
[The person who will be the primary recipient of information from ISSA]

Primary Contact - Phone

Title

Primary Contact – E-mail

What are your reasons to join ISSA? What do you expect from your membership?

Please provide a short description of your company's main areas of activity

Special Membership Fee* for 17 month: ~~1040 €~~ 935 €

Start Date: **01 July 2020**

Active through: **30 Nov 2021**

The regular annual fee for a 1-year membership is 730 €. The minimum membership is 1 year. The membership year is December 1st to the following November 30th. Membership starts in the month of the application. Refunds are not possible. To benefit from membership discounts at exhibitions, a continuous membership of exhibitors is required.
*The membership renews automatically every 1 year, if not cancelled before October 31st.

FORM OF PAYMENT

☐ CHARGE MY VISA/MASTERCARD ACCOUNT:

CVC Code

MONTH / YEAR EXPIRATION DATE

CARD NUMBER

SIGNATURE

PRINT CARD HOLDER NAME

☐ WIRE TRANSFER IN EURO TO:
ISSA Europe · Commerzbank AG, GKBZ Frankfurt
Kaiserstraße 30, 60311 Frankfurt am Main

Account Number 33179 0600
IBAN DE91 5004 0000 0331 7906 00
BIC COBADEFFXXX

☐ **ONLINE PAYMENT**
CVC Code: 3 - digit card verification code on the back of your card.
Please include in the comments of your transaction the name of the company. If you want to pay online at issa.com, please contact us at emea@issa.com, so that we can provide you with your login information and a fast payment code.

Please list key employees to receive relevant member information and access to exclusive ISSA member resources available on www.issa.com/EMEA.

Official Representative

First Name, Last Name

Title

Phone

E-mail

Advertising/Marketing Contact

First Name, Last Name

Title

Phone

E-mail

Education/Training Contact

First Name, Last Name

Title

Phone

E-mail

Legislative/Regulatory Contact

First Name, Last Name

Title

Phone

E-mail

Standards/Certification Contact

First Name, Last Name

Title

Phone

E-mail

Young Professional Contact

First Name, Last Name

Title

Phone

E-mail

Tradeshow/Exhibition Contact

First Name, Last Name

Title

Phone

E-mail

Dues/Invoices Contact

First Name, Last Name

Title

Phone

E-mail

☐ I understand that by providing the above information, I agree to receive information about ISSA membership benefits and services via email, fax, phone and post; and also agree to the terms and conditions of ISSA's Privacy Policy (www.issa.com/privacy-notice.html).

☐ **CODE OF ETHICS ACKNOWLEDGEMENT:** The applicant hereby certifies that it has reviewed ISSA's Code of Ethics and all applicable agreements online at www.issa.com/code and is in compliance therewith. The applicant further agrees that it will remain in compliance as a condition for continued ISSA membership. All statements made by me and contained herein are true.

☐ **SIGNATURES:** By typing your full name in the "Signature Required" box, and clicking the adjacent box "accept", you are agreeing to the full terms and conditions of ISSA membership (www.issa.com/about-issa/terms-and-conditions).

SIGNATURE REQUIRED

DATE

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