



Application for membership

Direct member _____ Associated member _____

Firm

Address

Telephone/Fax
e-mail

Year of foundation of the firm

Owner or director/manager of the firm

Member of national organisation (trade, shopfitting) if any

Type of own production/services

Trade marks, systems, products

Subsidiaries
Agencies in

The undersigned commits to acknowledge the statutes of ISO within a month after reception of the approval of membership.

Firm stamp:

Signature:

Date:

Fax or postmail to:

ISO SECRETARIAT:
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