

**MEMBERSHIP APPLICATION**

Hereby, …………………………………………………………….. (Companies name) accept the invitation to become a member of Asociacija FIBAssociation and transfer.

Entry fee – 30 EUR

Annual fee – 60 EUR.

To the bank:

Account number: LT604010051001789160

Bank name: DNB bank

Chief Executive Officer (name and position)

…………………………………………………………………….

Contact person and Title

(will be included to the Asociacija FIBAssociation mailing list)

…………………………………………………………………….

Address:

……………………………………………………………………….

Phone:

………………………………………………………………………

E-mail:

……………………………………………………………………..

Web Page:

……………………………………………………………………..

Do you accept that yours contact will be seen when members will login in official FIBAssociation web page:

* Yes
* No

Do you accept that your’s company logo will be published in official FIBAssociation web page:

* Yes
* No

Name and Signature ………………………………………………………………….