



REGISTRATION FORM

Company name	:		
Company address	:		
Postcode	:	Town:	
Postal address	:		
Postcode	:	Town:	
Website	:		

Register as:

- regular member
- associate member & (educational) institutions
- private member

of the trade association CompositesNL

Contact – Financial Administration

Name	:		
Email	:	Telephone	:

Contact – Management

Name	:		
Email	:	Telephone	:

Contact – Association Activities

Name	:		
Email	:	Telephone	:

Main activity	:	
Parent company	:	
Number of employees in NL	:	
Sector*		
Automotive / Maritime / Infrastructure / Construction / Energy / Aviation / Transport / Education / Knowledge institution / Other, i.e.: _____		

*Delete as applicable. You may select multiple sectors.

By signing you agree to the terms and conditions and compliance with membership statutes.

Date	:	
Signature and company stamp	:	