



European Sign Federation

APPLICATION FOR FULL MEMBERSHIP

Name of Association _____

Office Address _____

_____ Country _____

Tel. No. _____ Fax No. _____

Internet _____ e- mail _____

President _____

Manager/Secretary _____

Total Subscription Income _____ Total Number of Members _____

Total Number of Members who are signmakers _____

Total Number of Members who supply products to Sign makers _____

OPTIONAL INFORMATION

Estimated Total Annual Sales by Members _____

Estimated Total Number of Employees in Member Companies _____

Estimated Total Number of Employees in Sign Industry _____

Estimated Total Annual National Sales for Sign Industry _____

The Association named above apply for Full membership of the European Sign Federation and agree to be bound by the Rules, Statutes and Guidelines of the Federation.

President _____ Date _____