



APPLICATION FOR MEMBERSHIP wfk - Cleaning Technology Institute e.V.

Company name:

Address

P.O. Box:

Place:

Street:

Zip-Code:

Phone:

Fax:

E-Mail:

I hereby subscribe as a member of wfk-cleaning technology research institute.
I have taken knowledge of the annual membership contribution.

(date/stamp/legally binding signature)

Information about the company

Number of staff:

A short description of the company is added:

yes/no (*)

Contact person in the company

Name/Title:

Department:

(*) cross out whatever is not applicable