



MEMBERSHIP APPLICATION 2010

Company Name:

Postal Address:.....

City..... Zip..... Country.....

General Phone:..... General Fax:.....

General e-mail:..... VAT number:.....

Company Representative for IMPCA : Name:.....

Job Title:..... Direct Phone:.....

Direct e-mail:.....

Type of Membership (see attached info) Full Member Associate Member

Main activity in Methanol Industry:

- Producer
- Consumer
- Marketing Company
- Service Company

I/we apply on behalf of the above Company for membership of IMPCA and agree to be bound by the articles of association and by-laws of IMPCA.

I/we undertake to arrange prompt payment of the annual fee (currently € 1600) for full Membership or a reduced fee for Associate Membership or the equivalent thereof, which will cover membership from January through to December.

I am / am not willing to be elected to a committee of IMPCA

SIGNATURE:..... **Date:**.....

Please return this form to:

IMPCA
Avenue de Tervuren 270
1150 Brussels, Belgium

Tel: + 32 (0) 741 86 83
Fax: +32 (0) 741 86 84
E-Mail : info@impca.be