

APPLICATION FORM

For Industry Membership

of the European Association of Pharmaceutical Full-line Wholesalers (GIRP)

Please return the form by registered mail to
GIRP AISBL, Rue de la Loi 26, 1040 Brussels, Belgium

The company named below would like to apply for **Industry Membership of GIRP.**

Registered name of the company:

.....
.....

Full Address:

City: Zip Code:

Country:

Phone number: + Fax number: +

E-mail address:

VAT Number:

Main contact person (for dispatching GIRP documentation):

Last Name: First Name:

Title:

Function:

Address:

City: Zip Code:

Country:

Direct phone number: + Fax number: +

Personal E-mail address:

..... [specify registered name of company]
agrees to pay the annual contribution fee approved by the General Assembly and commits to the GIRP by-laws and accepts the financial responsibility of membership for the duration of membership.

Date:

Signature:

Name:

Title:

The application must be accompanied by an outline of your fields of activity, your by-laws and/or your objectives.