

GENA CHAPTER APPLICATION FORM

ITALIAN

NORDICS

MIDDLE EAST

Company Name*	
Website*	
Company address* Street – Number - Addition ZIP code - Town Country	
Business Description*	
Financial VAT ID if applicable	
Bill-to Address (if different from Company Address) Street – Number - Addition ZIP code - Town Country	
Send invoices to this email address:*	
Signee Contact info First Name* Last Name* Email* Mobile Number*	

I have read and accept the [Privacy Policy*](#)
I have read and accept the [Membership Conditions*](#)

Attach your company logo*
Min. 200x200 px / Max. 3000x3000 px

Provide a digital signature below and return the form to INFO@GENA.NET