



Global Exchange Network Association

GENA CHAPTER APPLICATION FORM

ITALIAN

GERMAN

NORDICS

MIDDLE EAST

APAC

| | |
|--|--|
| 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