

GENA CHAPTER APPLICATION FORM

 ITALIAN  GERMAN  NORDICS  MIDDLE EAST  APAC  FRENCH  GREEK

|  |  |
| --- | --- |
| **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](mailto:INFO@GENA.NET)