



MEMBERSHIP APPLICATION

IN *WIRTSCHAFTSVERBAND GROSSHANDEL
METALLHALBZEUG E. V. (WGM)*
(Trade Association of Semi-finished Metal Wholesalers)

We hereby apply for membership in WGM:

Company name

Shareholder / Owner

Telephone:

Email:

Date of birth*

Further company officers

Telephone:

Email:

Date of birth *

Further company officers

Telephone:

Email:

Date of birth*

Business address

Telephone (switchboard)

Telefax:

Email:

Website:

Summary description of the company:

Date of formation:

Legal form:

**Commercial register of
(city):**

Entered in the commercial
register on (date):

Under the number (please
enclose copy of the excerpt
from the commercial
register):

Number of employees*:

Fields of activity*:

Membership dues – Category

Based on our annual turnover, we wish to classify our company under category _____
as set out in the rules on membership dues.

Place / date

Company stamp / signature

All information provided will be
treated as confidential.

*Providing this information is optional

Please provide information for at least three persons in your company who will be authorized to receive information from WGM. We encourage you to also name contact persons in branch offices, if applicable. Additional contacts may be provided at any time.

1. Family name, first name:

Position in the company:

Telephone:

Telefax:

Email:

2. Family name, first name:

Position in the company:

Telephone:

Telefax:

Email:

3. Family name, first name:

Position in the company:

Telephone:

Telefax:

E-Mail:

4. Family name, first name:

Position in the company:

Telephone:

Telefax:

Email:

5. Family name, first name:

Position in the company:

Telephone:

Telefax:

Email:

All information provided in this form will be treated as confidential.