



MEMBERSHIP APPLICATION FORM

The EWFA counts with 28 member organisations, and numerous contacts in the window film industry in Europe. As a Chapter of the IWFA (International Association for Window Film), it benefits also from the contacts and double membership authorized by its mother organisation.

Membership applications will be subject to confirmation by the EWFA Board. Each applicant must be **trading in the window film industry for at least three years**, it should demonstrate to **employ adequate personnel for the efficient conduct of business** and should have **two references, one of which from an existing EWFA member**.

COMPANY DETAILS

Company Name:
Trading Name (if different):
Address:
City: Zip/Postal Code:
Country:
Phone: Fax:
Email: Website:

MAIN CONTACT DETAILS

Name: Title:
Phone: Fax:
Email:
Preferred contact language (English, French, Spanish or Italian):

COMPANY DESCRIPTION

Description of your organisation and its relationship with the window film industry (please mention for how long have you been in this business).

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ASSOCIATED AND/OR SUBSIDIARY COMPANIES AND BRANCHES

Total number of associated and/or subsidiary companies and branches:
Are they in the window film business as well?
Please provide full contact details:

MEMBERSHIP

- I am a MANUFACTURER Membership annual fee: €24,000.
- I am a DISTRIBUTOR (> 1M€) Membership annual fee: €3,000 (if annual turnover is above €1,000,000).
- I am a DISTRIBUTOR (< 1M€) Membership annual fee: €1,750 (if annual turnover is below €1,000,000).
- I am a SUPPLIER Membership annual fee: €1,000.
- I am an ASSOCIATE MEMBER Membership annual fee: €1,000.

I confirm:

- My organisation has been trading in the window film industry for at least three years.
- My organisation employs adequate personnel for the efficient conduct of business (see the [EWFA Code of Ethics](#) for more details).

REFERENCES

Please state here your two reference persons. They should be part of an organization working in the window film industry, and one of them at least should be a EWFA member:

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I have reviewed and understand the EWFA Code of Ethics, and the rights and obligations conferred thereby. My organization commits to support EWFA and pay for the annual fees according to the membership fee structure. I understand that my organisation's application will be subject to confirmation by EWFA Board.

Date:

Place:

Signature:

This Membership Application Form is to be filled in and sent by email to: info@ewfa.org.