

APPLICATION FORM

Association for Innovative Farming
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Name of the applicant	
<input type="checkbox"/> Individual company (5. 000,- EUR per year) <input type="checkbox"/> Corporate (15. 000,- EUR per year) <input type="checkbox"/> Association (20. 000,- EUR per year) <input type="checkbox"/> Individual membership	
Responsible person and position	
Contact details (address, email, phone, mobile)	
Date of application	
Signature and stamp	
<p>By the signature I do agree with a yearly AIF membership. The payment will be executed by the applicant based on the invoice issues by AIF.</p> <p>The application to be forwarded to office@aifeu.org.</p>	