



# APPLICATION FOR MEMBERSHIP

I hereby declare my/our intention to join the  
Gütegemeinschaft Flachglas e. V., Mülheimer Str. 1, 53840 Troisdorf,

**Gütegemeinschaft  
Flachglas**

as a  full member (manufacturer of flat glass products)  
 associate member (interested party)  
 supporting member (supplier, etc.)

I/We have received the Formal Regulations  
and the Quality and Testing Standards.

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(Place, Date) (Company)  
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(signature of duly authorised representative)

*The following information is used exclusively for the purpose of completing the Association's documentation.  
Please complete this form fully and legibly.*

Company name: \_\_\_\_\_  
(as registered in Commercial Register)

Street, postal code, city: \_\_\_\_\_

P O Box, postal code, city: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_

Web page/URL: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Company Management (Proprietor, Managing Director, Authorised Officer, etc.):

Name, first name Position Date of birth

\_\_\_\_\_

E-Mail: \_\_\_\_\_

\_\_\_\_\_

E-Mail: \_\_\_\_\_

Additional contacts:

\_\_\_\_\_

E-Mail: \_\_\_\_\_

\_\_\_\_\_

E-Mail: \_\_\_\_\_