



THE EUROPEAN CHEMICAL TRANSPORT ASSOCIATION a.i.s.b.l.

ECTA ASSOCIATE MEMBERSHIP APPLICATION FORM

NAME OF COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

ZIP CODE \_\_\_\_\_ CITY \_\_\_\_\_

COUNTRY \_\_\_\_\_

General Telephone \_\_\_\_\_ General Fax \_\_\_\_\_

General E-Mail \_\_\_\_\_ Website \_\_\_\_\_

VAT N° \_\_\_\_\_

CONTACT PERSON IN COMPANY: ECTA OFFICAL REPRESENTATIVE

TITLE     Mr     Mrs     Ms     Dr     Other: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Job Title \_\_\_\_\_

Direct Phone \_\_\_\_\_ Direct Fax \_\_\_\_\_

Mobile \_\_\_\_\_

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

INVOICING ADDRESS If Different from Company Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMERCIAL COMPANY

ANNUAL TURNOVER (in EURO) \_\_\_\_\_

(Include copy of Annual Report where relevant)

MAIN FIELD OF ACTIVITY \_\_\_\_\_

ASSOCIATION

At least 3 members that also have membership in ECTA:     YES     NO

If yes, please give the company names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOW WILL YOU CONTRIBUTE TO THE REALISATION OF THE OBJECTIVES OF ECTA?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



MAJOR EUROPEAN CONTACTS WITHIN ECTA MEMBERS AS A REFERENCE:  
 (Company, name and e-mail of the person we may contact)

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Date the Company was Established

Number of Employees (FTE's)

INTERESTED IN:

- Participation to Conferences and meetings
  - Information on Working Groups
  - Providing assistance in specific fields
- Specify:

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SIGNATURE

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DATE

NAME IN CAPITALS

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**ASSOCIATE ECTA MEMBERSHIP FEE FOR THE YEAR:**

Turnover Previous Year	Membership Fee
< 25 mio Euro	1,425 Euro
25 - 60 mio Euro>	2,250 Euro
> 60 mio Euro	3,000 Euro

(The ECTA associate membership fees depend on the turnover figure of the previous year.)

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Please return this form to:

The European Chemical Transport Association (ECTA)  
 Avenue de Tervueren 270, 1150 Brussels, Belgium  
 Tel: (32/2) 741.86.81 - Fax: (32/2) 741.86.82  
 e-mail: [ectarc@ecta.be](mailto:ectarc@ecta.be)  
[www.ecta.be](http://www.ecta.be)