

MEMBERSHIP APPLICATION FORM

() I want to register for a LaFutura "Corporate Membership" (EUR 4.000 p.a.)	
() I want to register for a LaFutura "Agency Member" (EUR 250 p.a.)	
() I want to registe	r for a LaFutura "Education Member" (free of charge with academic ID)
I agree, that my personal data will be stored electronically for the purposes of membership administration:	
	() Mr. () Ms.
Surname First Name	
Institution Company	
Job Title	
Street	
ZIP Code	City
Country	
Phone	
E-Mail	
Place Date	
Signature	
Payment	
() Purchase Order will follow	
() Credit Card	
() Direct Payment:	I agree, that the fee will get deducted from the following bank account annually:
Account Name	
Bank Name	
IBAN	
BIC	
Place Date	
Signature	

Within the LaFutura Membership a PDMA Membership (<u>www.pdma.org</u>) is included.

