MEMBERSHIP APPLICATION FORM

COMPANY – SUBSCRIBER NAME: _____

AREA OF ACTIVITY: _____

TARGET COUNTRIES: _____

ANNUAL REVENUE: (€)_____ **No. of Employee:** _____

CORRESPONDENCE DETAILS

STREET: _____ P.O. BOX: _____

CITY/TOWN: _____ POST CODE: _____

TEL: _____ FAX:_____ MOBILE: _____

WEBSITE: _____ E-MAIL: _____

AREA OF ACTIVITY

Production / Processing ☐   Wholesale & Retail ☐   Distribution / Warehousing / Logistics ☐

Imports ☐   Services ☐   Other: _____ ☐

Basic Product Category: _____

NUMBER OF BARCODES NEEDED

1 ☐	2 – 10 ☐	11 – 75 ☐	76 – 500 ☐
501 – 2500 ☐	2501 – 5000 ☐	5001 – 9999 ☐	10000 – 99999 ☐

ADDITIONAL INFORMATION

GENERAL MANAGER: _____ TEL: _____

EMAIL: _____ FAX: _____

BARCODE MANAGER: _____ TEL: _____

ACCOUNTING MANAGER: _____ TEL: _____

I HAVE READ, FULLY UNDERSTOOD AND I AGREE TO COMPLY WITH THE GS1 CYPRUS MEMBERSHIP TERMS AND CONDITIONS

SIGNATURE	FULL NAME	DATE
_____	_____	_____