



APPLICATION FOR MEMBERSHIP

Please fill out the section below as you wish it to appear in the membership directory

Company Name:							
Name of parent company : <i>(if subsidiary)</i>							
VAT Number:							
Principal address:				N°:			
Postcode:		City:		Country:			
Primary contact:							
Mr.		Ms.		Mrs.			
Position:							
Telephone N°:							
Fax N°:							
E-mail:							
www:							
Address:				N°:			
Postcode:		City:		Country:			
Secondary contact person:							
Mr.		Ms.		Mrs.			
Telephone N°:							
Fax N°:							
E-mail:							

Please Indicate
Requested Membership

If this application is accepted, we agree to pay the annual membership fees. We hereby agree to abide by the Association Statues and Bylaws of the International Photovoltaic Equipment Association (IPVEA)	Date:
	Signature:
Company Stamp: (Not required with digital signature)	

Please email the completed application to: ekus@IPVEA.com

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