



EUCOPE

European Confederation of
Pharmaceutical Entrepreneurs AISBL

MEMBERSHIP APPLICATION

for **associate membership** in
European Confederation of Pharmaceutical Entrepreneurs AISBL (EUCOPE)

We – the company

located in _____

hereby apply for admission as **associate member** to European Confederation of
Pharmaceutical Entrepreneurs AISBL (EUCOPE).

We recognize the EUCOPE Statutes and By-Laws as binding to our company.

Place _____ **Date** _____

(signature)

Company stamp



EUCOPE

European Confederation of
Pharmaceutical Entrepreneurs AISBL

**Details on the company applying for admission to European Confederation of
Pharmaceutical Entrepreneurs AISBL (EUCOPE):**

Company name _____

Street _____

Post/ZIP-code _____ Place: _____

Post office box/POB _____

Post/ZIP-code (POB) _____ Place (POB): _____

Telephone no. _____ Fax no. _____

Field(s) of activity of the company

Place _____ Date _____

(signature)