



MED Confederation

GROW TOGETHER. GROW BETTER.

MED CONFEDERATION MEMBERSHIP APPLICATION

Organisation:

Activity sector:

VAT number:

Address:

.....

Tel: Fax:

Represented by:

Title:

Tel: Email:

Date: Signature:

Please return to:

MED Confederation Secretariat c/o
World Savings and Retail Banking Institute,
Rue Marie-Thérèse 11, B-1000 Brussels
Fax: +32 2 211 11 99 or e-mail to chris.de.noose@medconfederation.org

