Membership Application

PDF Association
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Germany
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E-Mail: info@pdfa.org

COMPANY INFORMATION

Company Name _____

Address Line 1 _____

Address Line 2 _____

City, State/Province, Postal Code _____

Country _____

INDIVIDUAL INFORMATION

BUSINESS

Contact Name _____

Job Title _____

Phone _____

Email _____

TECHNICAL

Contact Name _____

Job Title _____

Phone _____

Email _____

MARKETING

Contact Name _____

Job Title _____

Phone _____

Email _____

OTHER

Contact Name _____

Job Title _____

Phone _____

Email _____

MEMBERSHIP LEVELS

FULL MEMBER

Company Size	Euros	$USD
○ Company up to 25 Employees	1.000,-€	$1,300
○ Company up to 100 Employees	2.000,-€	$2,600
○ Company over 100 Employees	4.000,-€	$5,200
○ Individual	200,-€	$260

We are applying for membership in the Association for Digital Document Standards (PDF Association). We have read and understood the Association Charter dated October 15, 2007 and accept the conditions stated within. We agree to pay the applicable annual membership fees upon receipt of our membership confirmation.

_____ _____

Place/Date ***Legally binding signature/company***