



## APPLICATION FORM

We would like to thank you for expressing an interest in joining our international association of lawyers and professionals.

**Section 1:** Please fill in the form below and return duly signed to [info@glawbus.org](mailto:info@glawbus.org), accompanied with the documents requested in Section 2. We will contact you as soon as possible to confirm your membership and provide instructions for the payment of the membership fee.

First Name:			Surname:			
Company Name:						
Position:						
Business activities:						
Address:						
	City:		Country:		Post code:	
Telephone:			Fax:			
Email address:						
Company website:						

**Section 2:** Kindly attach the following to this membership form by return:

- Logo of your company
- Name and profile photo of company representative
- Contact details
- Brief company profile (up to 250 words)

I hereby confirm that the above information is true and correct.

I consent to the use and processing of the above information by representatives of GLAWBUS for the purpose of the membership.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date:                /        /