



**Combination offer:**

Become an ISSA Corporate Member and gain immediate access to the recordings for the paid webinar series "How to Clean and Disinfect for the Coronavirus" today at € 730 and save 140 €.

**EUROPE, MIDDLE EAST, AFRICA - MEMBERSHIP APPLICATION**

(Please fill in the application and send it to [emea@issa.com](mailto:emea@issa.com))

Company Name

Mailing Address

City

ZIP Code

Country

Primary Contact [First Name, Last Name]

[The person who will be the primary recipient of information from ISSA]

Title

Phone

Fax [Country Code + Area Code + Number]

E-mail

Website

Primary Contact - Phone

Primary Contact - E-mail

What are your reasons to join ISSA? What do you expect from your membership?

Please provide a short description of your company's main areas of activity

**Annual Membership 1-Year Membership Fee\*: 730 €**

Start Date:

Active through:

The regular annual fee for a 1-year membership is 730 €. The minimum membership is 1 year. The membership year is December 1st to the following November 30th. Membership starts in the month of the application. Refunds are not possible. To benefit from membership discounts at exhibitions, a continuous membership of exhibitors is required.

\*The membership renews automatically every 1 year, if not cancelled before October 31st.

**FORM OF PAYMENT**

CHARGE MY VISA/MASTERCARD ACCOUNT:

CVC Code				MONTH / YEAR EXPIRATION DATE			

\_\_\_\_\_  
CARD NUMBER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT CARD HOLDER NAME

WIRE TRANSFER IN EURO TO:

ISSA Europe - Commerzbank AG, GKBZ Frankfurt  
Kaiserstraße 30, 60311 Frankfurt am Main

**Account Number** 33179 0600  
**IBAN** DE91 5004 0000 0331 7906 00  
**BIC** COBADEFFXXX

**ONLINE PAYMENT**

CVC Code: 3 - digit card verification code on the back of your card.

Please include in the comments of your transaction the name of the company. If you want to pay online at [issa.com](http://issa.com), please contact us at [emea@issa.com](mailto:emea@issa.com), so that we can provide you with your login information and a fast payment code.

Please list key employees to receive relevant member information and access to exclusive ISSA member resources available on [www.issa.com/EMEA](http://www.issa.com/EMEA).

### Official Representative

\_\_\_\_\_  
First Name, Last Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail

### Education/Training Contact

\_\_\_\_\_  
First Name, Last Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail

### Standards/Certification Contact

\_\_\_\_\_  
First Name, Last Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail

### Tradeshaw/Exhibition Contact

\_\_\_\_\_  
First Name, Last Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail

### Advertising/Marketing Contact

\_\_\_\_\_  
First Name, Last Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail

### Legislative/Regulatory Contact

\_\_\_\_\_  
First Name, Last Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail

### Young Professional Contact

\_\_\_\_\_  
First Name, Last Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail

### Dues/Invoices Contact

\_\_\_\_\_  
First Name, Last Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail

I understand that by providing the above information, I agree to receive information about ISSA membership benefits and services via email, fax, phone and post; and also agree to the terms and conditions of ISSA's Privacy Policy ([www.issa.com/privacy-notice.html](http://www.issa.com/privacy-notice.html)).

**CODE OF ETHICS ACKNOWLEDGEMENT:** The applicant hereby certifies that it has reviewed ISSA's Code of Ethics and all applicable agreements online at [www.issa.com/code](http://www.issa.com/code) and is in compliance therewith. The applicant further agrees that it will remain in compliance as a condition for continued ISSA membership. All statements made by me and contained herein are true.

**SIGNATURES:** By typing your full name in the "Signature Required" box, and clicking the adjacent box "accept", you are agreeing to the full terms and conditions of ISSA membership ([www.issa.com/about-issa/terms-and-conditions](http://www.issa.com/about-issa/terms-and-conditions)).

\_\_\_\_\_  
SIGNATURE REQUIRED

\_\_\_\_\_  
DATE

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