



MEMBERSHIP APPLICATION FORM

To the President of BEAMA vzw | asbl
p/a BEAMA – member of Febelfin
Boulevard du Roi Albert II, 19 (2nd floor)
1210 Brussels

We hereby apply for the following membership of BEAMA subject to approval by the appropriate BEAMA governance bodies in accordance with the by-laws of BEAMA. We acknowledge that upon admission to Membership we are bound by the BEAMA by-laws.

Full Membership

Associated Membership

FULL COMPANY NAME	
ADDRESS	
TYPE OF LICENSE	



Please add a document with a brief description of your organisation and activities, including your activities in connection with the Belgian Asset Management market. Please motivate your Membership Application in a few lines below.

--

NAME OF THE LEGAL REPRESENTATIVE(S)	
POSITION	
SIGNATURE	
DATE	

NAME OF THE MAIN CONTACT PERSON FOR BEAMA			
POSITION			
E-MAIL		PHONE	
POSTAL ADDRESS			
NAME OF CONTACT PERSON FOR BILLING PURPOSES		PHONE	
BILLING ADDRESS (if different from above)			
VAT NUMBER (for billing purposes)			

The completed Application Form should be sent to the attention of BEAMA's Director General at info@beama.be