

FSTT – MEMBERSHIP FORM PRIVATE LEGAL PERSON

Please fill in the form below (or correct it, if necessary) and send it to : FSTT - 4, rue des Beaumonts, 94120 Fontenay/Bois - FRANCE.

COMPANY NAM	IE :					
Address:						
Tél n°:	Website: www.	Email :				
Principal declared re	presentative :	Tel n°:	1	Email :		
Address (if different)	:					
Additionnal declared	representative :	Tel n° :	Tel n°: Email:			
Address (if different)	:	•	,			
Additionnal declared	Tel n°:	Tel n° : Email :				
Address (if different)	:	,	-			
	calendar year. Addition and services as the prin	al representatives are eligib ncipal representative.	le for full memb	ership and	d will pay the s	same fee
INVOICE						
Invoice address (if o	·	invoice : n°				
		AFFILIATION FEE				
		NUMBER OF EMPLOYER				
		up to 5 employees :	275			
	Primary member	from 6 to 10 employees :		€		
		from 11 to 50 employees	: 1375	5€		
		from 51 to 200 employees	s: 2860)€		
		More than 200 employees	s: 4235	5€		
	Additional member	up to 5 employees:	140	€		
		More than 5 employees :	345	€		
Calculate th	. Additior	member: 1 X nal member(s): X	membership fe	€ = ee: =		€ € €
Date :		Signature / Company stamp				

FRANCE SANS TRANCHÉE TECHNOLOGIES