

**Membership Application Form for Associated Members of AGES**

This Application Form is to be completed by those companies who wish to become an associate member of "AGES". Applicants who wish to become member are kindly requested to use the "Membership Application Form for members of AGES" which can be downloaded on our official webpage [www.ages.international](http://www.ages.international).

**About AGES**

Membership in AGES is for leading, international supplier of goods, services or works to international events, summarized in generic terms as temporary event infrastructures (overlays). This comprises all types of temporary infrastructures and technical services required to host such events.

Associate Membership in AGES is designed exclusively for companies, agencies, organizations and individuals worldwide that provide services or are involved in the Event Overlay Industry. The features and benefits of an Associate Membership are:

**Features**

- Attendance (1 delegate) at annual Conference
- Company link on AGES website
- Periodic News Updates from AGES

**Benefits**

- Network with Industry Leaders
- Generate Sales Opportunities with Industry
- Improved visibility into Event Industry

More information is available on the official webpage of AGES.

**Associate Membership Fees**

Annual associate membership fee is due each year, beginning January 1<sup>st</sup>. As per March 1, 2015 the fee for associate members of AGES is:

- Annual membership fee for associate members is 1250 EUR, exclusive of VAT or any other taxes.
- Semi-annual associate membership fee when entering during the second period of the fiscal year is 700 EUR, exclusive VAT or any other taxes. Semi-annual memberships are for new members only.

**Applicant Contact Data**

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Webpage \_\_\_\_\_

Name of Company Representative \_\_\_\_\_

Job Title \_\_\_\_\_ E-mail Address \_\_\_\_\_

Phone \_\_\_\_\_ Mobile Number \_\_\_\_\_

**Applicant Corporate Information**

Year of establishment: \_\_\_\_\_

Type/Category that best describes your business in the Event industry:

- Accounting / Tax Consultancy       Design / Planning       Bank / Financial / Lease
- Manufacturer / Distributor       Logistics       Non-Profit Organization
- Producer / Operator / Organizer       Publisher / Marketing / PR       Other \_\_\_\_\_
- Management / Consultancy       Educational Institute

Work experience with Event Industry:     <5 years       5-10 years       >10 years

**General Conditions**

Please read carefully prior to signing and submitting this form:

**Start of membership and payments**

The Applicant will be informed about the acceptance or not of his application within 1 months after receipt of the completed Application Form by AGES. The Applicant acknowledges that the membership will start only after the receipt of the full membership fee by AGES. Payments are to be made in EUR, net, through bank transfer. VAT (8%) is applicable to swiss companies only.

**Correspondence**

The Applicant confirms that – should his application be accepted – he will accept to send and receive electronic information only. It will be the responsibility of the member to transmit the correct and updated e-mail addresses to AGES.

**Material changes**

If admitted as a member of AGES the Applicant shall immediately inform in writing the AGES secretariat of material changes in its constitution or capacity, such as changes in executives bodies and/or events of any kind, which may affect the reputation of AGES and its members, or impact on the eligibility of the membership.

**Verification of Information**

The Applicants states that all information contained in this Application Form is true to the best of knowledge and belief. AGES is authorized to investigate for the purpose to checking the information submitted.

The Application Form must be completed in its entirety and can be e-mailed to [info@ages.international](mailto:info@ages.international) or sent to AGES, Kochergasse 11, CH 3011 Bern, Switzerland.

Name and Job Title of Applicant representative: \_\_\_\_\_

Signature \_\_\_\_\_ Place / Date \_\_\_\_\_

Thank you for your interest.