



The American Club of Brussels

Application for Corporate Membership

COMPANY

Company Name: _____

Street and number (+ box): _____

ZIP: _____ Town: _____

Telephone: _____ Website: _____

CORPORATE MEMBERSHIP MANAGER

Last Name: _____ First Name: _____

Date of Birth (dd/mm/yy): ____/____/____ Gender: M / F Nationality: _____

Job Title: _____

E-mail: _____

Telephone: _____ Mobile: _____

Name of spouse/partner: _____

Date of Birth (dd/mm/yy): ____/____/____ Gender: M / F Nationality: _____

Home Address

Street and number (+ box): _____

ZIP: _____ Town: _____

Telephone: _____ Mobile: _____

E-mail: _____

Address for Club Contacts: Home / Office (Please choose one.)

Special Interests: _____

Volunteering?

Final Fridays, Dine-Outs, Guided Visits, 4th of July, Thanksgiving, Christmas Party

How did you learn about the ACB? _____

The ACB keeps your personal data private. We do not sell membership information, and only use this data to inform our members of Club activities. By participating in a Club event, you hereby agree and consent that your name and image (photos) be taken, posted and published on the Club's website and in the Club's Newsletter or other Club-related publications. By signing this application, you agree to these terms.

All membership applications are submitted to the Board of Governors for approval and acceptance.

Please check the appropriate category below and transfer the corresponding amount to the American Club of Brussels' bank account: BE55 4279 1958 8144 (BIC/SWIFT: KREDBEBB).

Corporate Membership: € 550 (four active members)

SME Corporate Membership: € 275 (small and medium enterprises – two active members)

Please return the completed form to the address below.

Be sure to send us your company logo electronically for publication on our website.

Date: _____ Signature: _____



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ADDITIONAL CORPORATE MEMBER

Last Name: _____ First Name: _____

Date of Birth (dd/mm/yy): ____/____/____ Gender: M / F Nationality: _____

Job Title: _____

E-mail: _____

Telephone: _____ Mobile: _____

Name of spouse/partner: _____

Date of Birth (dd/mm/yy): ____/____/____ Gender: M / F Nationality: _____

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