

## Associated Company Membership Application Form

Company name: .....

Street address: .....

City: .....

Zip code: .....

Country: .....

Telephone number: .....

Fax number: .....

Email address: .....

Website: .....

Contact person: .....

Telephone number: .....

Mobile number: .....

Email address: .....

Skype: .....

Does a National Spice Association exist in your country? (please tick box)	YES <input type="radio"/>	NO <input type="radio"/>
Are you member of the National Spice Association?	YES <input type="radio"/>	NO <input type="radio"/>
Major part of the business activity in the processing, packing or marketing of herbs, spices and spice products (e.g. seasonings). (please tick box)	YES <input type="radio"/>	NO <input type="radio"/>

Date: .....

Place: .....

Name: .....

Title: .....

Signature: .....

For further information please contact the Marketing Commission of ESA, email: [Han@Herweijer.EU](mailto:Han@Herweijer.EU)  
or [www.esa-spices.org](http://www.esa-spices.org)