

## Associated Company Membership Application Form

Company name: .....

Street address: .....

City: .....

Zip code: .....

Country: .....

Telephone number: .....

Email address: .....

Website: .....

Contact person: .....

Telephone number: .....

Mobile number: .....

Email address: .....

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? (please tick box)	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: .....

Relevant business activity information has to be clearly described on one page and to be added to this application form.

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Company applying for Associated Membership (see page one company name):

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ESA member, in support of application:	Date:	.....
1 Company name:	.....	Title: .....
Name:	.....	Signature: .....

ESA member, in support of application:	Date:	.....
2 Company name:	.....	Title: .....
Name:	.....	Signature: .....

ESA member, in support of application:	Date:	.....
3 Company name:	.....	Title: .....
Name:	.....	Signature: .....

For further information, please contact the Marketing Commission of ESA;

e-mail: [Han@Herweijer.eu](mailto:Han@Herweijer.eu) or [www.esa-spices.org](http://www.esa-spices.org).