

## Membership Application Form for Supporting Members

Company name: .....

Street address: .....

City: .....

Zip code: .....

Country: .....

Postall address: .....

City: .....

Zip code: .....

Country: .....

Telephonenumber: .....

Fax number: .....

Email address: .....

Website: .....

Contact person: .....

Telephonenumber: .....

Mobilnumber: .....

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"/>
Business activity in the support of ESA members? (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.

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).