



## Membership Application Form

Herewith I declare my interest to the Membership in the Association  
„Meeting of Refractory Experts Freiberg e.V. - MORE-Freiberg e.V.“

as

Individual Member <sup>1)</sup>

Corporate Member <sup>1)</sup>

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Last Name	First Name	Title	Date of Birth
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Company

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Street	Zip Code / City	Country
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Phone	Fax	E-mail
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Date	Signature
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<sup>1)</sup> Please mark applicable Membership