



Luxembourg Agribusiness Association Membership Application Questionnaire

Member Information

1. Type of Membership

Member

Corporate

Sponsor

2. Full Name /Organization Name: _____

3. Date of Birth / Date of business incorporation: _____

4. Residential / Business Address: _____

5. Contact Person: _____

6. Contact Email Address: _____

7. Current Occupation: _____

Membership Intentions

1. Profile

Investor

Entrepreneur

Expert

Agribusiness

Other

Please elaborate: _____



Luxembourg Agribusiness Association Membership Application Questionnaire

2. Reason for Joining the Association: _____

3. Sector and type of Agribusiness of interest: _____

4. Main Products or Services: _____

5. Geographical Areas Served / Interest: _____

6. Number of Employees: _____

7. How did you hear about the Association? _____

8. What do you hope to gain from membership? _____

9. How can you contribute to the Association? _____



Luxembourg Agribusiness Association Membership Application Questionnaire

Additional Information

Any other information you would like to share: _____

Declaration

I hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false information may lead to the rejection of my application or termination of my membership if accepted.

Date of application: _____

Applicant's Signature: _____