**Membership Registration Form**

Thank you for supporting Leather Naturally (LN).

Please submit the completed registration form to info@leathernaturally.org

|  |  |
| --- | --- |
| Organisation Name |  |
| Organisation as it should appear on Membership Certificate |  |
| Address |  |
| Postal (ZIP) Code |  |
| Place |  |
| State |  |
| Country |  |
| Website Address |  |
| Company telephone number |  |
| Prime LN contact person – First Name |  |
| Prime LN contact person – Last Name |  |
| Prime LN contact person E-mail |  |
| Prime LN contact person phone number |  |
| Voting person (if different) - First Name |  |
| Voting person (if different) - Last Name Name |  |
| Voting person (if different) - Email  |  |
| Email address for invoice |  |
| Invoice reference (if needed) |  |

|  |  |  |
| --- | --- | --- |
| **Membership Type** | **Fee USD** | **Please indicate**  |
| Associate | In kind - we will send an Associate Member agreement  |  |
| Company turnover <USD 1m | $250 |  |
| Company turnover >USD 1m <USD 5m | $500 |  |
| Company turnover >USD5m <USD10m | $1,000 |  |
| Company turnover >USD 10m | $2,000 |  |

**Every Leather Naturally member has space in the online member directory. For the best presentation and so that visitors can more easily find you, please supply the following.**

|  |
| --- |
| **Description of organisation to appear on website (English)** |
| Summary, max 40 words |
| Body copy, max 250 words |

|  |
| --- |
| **Description of organisation to appear on website (German - for the German version of LN)** |
| Summary, max 40 words (we can do this if needed) |
| Body copy, max 250 words (we can do this if needed) |

**Please attach your company logo in JPEG form and a company image. 600 x 600 pixels**

**Check the box that best describes your business (Associate Members leave blank and move to next table)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Chemicals** | **Equipment** | **Hides & Skins** | **Leather Manufacturer** | **Food** | **Service** | **Other** |
|  |  |  |  |  |  |  |

**Associate members, check the box that best describes your business**

|  |  |  |
| --- | --- | --- |
| **Industry**  | **Education** | **Media Partner** |
|  |  |  |

Please complete the following

* LN using your Name, Logo & organisation description [] **OK** [] **Not OK**
* LN updating you regularly by e-mail [] **OK** [] **Not OK**

Date of signing …………………………

Name …………………………………………….Signature ………………………………………………..

Your support to the leather industry is highly appreciated.

With best regards, *Management Board – Leather Naturally*

If there are colleagues that would like to receive Leather Naturally newsletters, please add their details in the table below. In submitting these details, Leather Naturally assumes that you have permission of the individual to subscribe on their behalf.

|  |  |  |
| --- | --- | --- |
| **First Name**  | **Last Name** | **Email** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

***Important: please send this document back in Word format, it is not possible to process scanned forms.***