**FEIBP Membership Application Form**

**Company/Association Name:** Click or tap here to enter text.

**Company/Association Address:** Click or tap here to enter text.

**Country**: Click or tap here to enter text.

**Field(s) of activity:**

[ ] National Brush Manufacturers Association

[ ]  Manufacturer of brush

[ ] Manufacturer of brush components

[ ] Supplier of raw material

[ ] Machine manufacturer

**Type of the products:**

[ ] Technical brushes

[ ] Hand brushes

[ ] Paint brushes

[ ] Producer/supplier of raw material

[ ] Machine manufacturer

[ ] Household brushes

[ ] Cosmetic & Personal care

[ ] Dental/Hygiene

[ ] Other: ……..

**Contact Person:**

Name – Surname: Click or tap here to enter text.

Position: Click or tap here to enter text.

Email: Click or tap here to enter text.

Phone: Click or tap here to enter text.

If applicable, are you a member of your National Association: [ ] Yes [ ] No [ ] N/A

Please submit this application form to FEIBP Secretariat: info@feibp.eu