**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](mailto:info@feibp.eu)