

# Consorzio Vero Legno application form

Forward to VERO LEGNO by fax 0039 031 751036

THE UNDERSIGNED \_\_\_\_\_

Name of the legal representative of the company, corporation, association or professional

COMPANY \_\_\_\_\_

Name, corporate name

ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

INTERNET \_\_\_\_\_ E-MAIL \_\_\_\_\_

Hereby applies for membership of Consorzio Vero Legno Soc. Coop. Cons. a r.l.  
and confirms he/she knows and will observe  
the **"Articles of Membership"** and the **"Brand Regulations"**  
and the conditions of payment of membership fees.

FIELD OF ACTIVITY

please select the category you belong to from those listed below:

- MANUFACTURES AND DEALERS OF TRIMMED PRODUCTS
- BOARDING AND LOG DEALERS, PLYWOOD MANUFACTURERS/DEALERS, SAWMILLS AND OUTSIDE CONTRACTORS
- MANUFACTURES OF FURNITURE, FURNISHING AND BUILDING COMPLEMENTS AND OTHER ARTICLES IN WOOD
- SALES AGENTS, REPRESENTATIVES, BROKERS, ARCHITECTS, INTERIOR DECORATORS, OTHER PROFESSIONALS, CORPORATIONS, ASSOCIATIONS
- MANUFACTURERS OF WOODWORKING MACHINES AND EQUIPMENT, WOOD PAINT & VARNISHES, OTHER CATEGORIES.

\_\_\_\_\_  
Date and Signature of the legal representative

\_\_\_\_\_  
Stamp

Please enclose signed statement of annual turnover, which will be used to work out the annual membership fee.