



IBS Membership Application

We herewith apply for the acceptance as
an IBS plenary member - an associate IBS member:

Name and legal format of the company:

Structure of the partners:

Address of the company/contact address (phone, fax, E-mail, Internet etc.):

.....
Street

.....
Postal code

.....
City/town

.....
(Contact) first and second name

.....
Phone

.....
Fax

.....
E-mail

.....
Internet

.....
(Place)

.....dated,2008.....

.....
(Signature)

Application by fax to: +49(201)7 59 13 12 (Klaus Smula)