

## **IBS Membership Application**

## We herewith apply for the membership as IBS member

Name of the company:			
Legal form:			
Address of the company	/ Contact address:		
(Street)	(Postal code)	(City) (Co	 puntry)
(Contact (First- and Secor	d name):		
(Phone)		(Fax)	
(E-Mail)		(Website)	
(Place)	(date)	(Signature)	
Application send	per E-Mail an	Laura.Blechmann@rail-watch.cor	n

## Annex for the IBS-application form

Attachment: Last annual report (optional)



Name of the company			
Essential business activities			
Description of the self-transport			
Business priorities in rail transport			
Momborship in other associations and organizations			
Membership in other associations and organizations			