



APPLICATION FORM

We would like to thank you for expressing an interest in joining our international association of lawyers and professionals.

Please fill out the form below and return duly signed to **info@glawbus.org**. We will contact you as soon as possible to confirm your membership.

First Name:				Surname:			
Company Name:							
Position:							
Address:							
	City:		Country:		Post code:		
Telephone:				Fax:			
Email address:							
Company website:							

I would like to join GLAWBUS™ because I am:

- Lawyer
 Accountant
 Other
 Please specify: _____

I hereby confirm that the above information is true and correct.
 I consent to the use and processing of the above information by representatives of GLAWBUS for the purpose of the membership.

Signature: _____

Name: _____

Date: / /