

## MEMBERSHIP APPLICATION FORM FOR A LEGAL PERSON

COMPANY	
AUTHORISED REPRESENTATIVE	
REGISTRY CODE	
VAT NUMBER	
POSTAL ADDRESS	
PHONE	
E-MAIL	
FOREST AREA (IN HECTARES)	
I hereby request to be accepted as a member of the Polvamaa Forest Association. I have reviewed the Association's articles of association, I am aware of my rights and obligations as a member of the Association under the articles of association.	
For the fulfilment of actions prescribed under the articles of association, I authorise Põlvamaa Metsaühistu MTÜ to store, collect and process my personal and forestry data in the relevant registers (incl Metsaregister) and information systems.	
Send the completed application to Põlvamaa Metsaühistu MTÜ, Kase 2, 63308 Põlva.	
SIGNATURE DATE	
To be completed by the Forest Association	
ADOPTED ON (DATE) NO	