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| C:\Users\User\AppData\Local\Microsoft\Windows\INetCache\Content.Word\Typografoi.jpg | ΑΙΤΗΣΗ ΕΓΓΡΑΦΗΣΜΕΛΟΥΣMEMBERSHIPENROLLMENT APPLICATION |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Επωνυμία Επιχείρησης:  Name of Firm: | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 2. | Πλήρης Ταχυδρομική Διεύθυνση:  Full Postal Address: | | | | | | | |  | | | | | Ταχ.Κώδ.Οδού:  Street Postal Code: |  |
|  | | | | | | | | | | | | | | | |
|  | Τ.Θ.:  P.O.Box: | | |  | | | | | | Ταχ.Κώδ.:  Post Code: | | |  | | |
|  | | | | | | | | | | | | | | | |
|  | E-mail: | |  | | | | | | | Web Site: | |  | | | |
|  | | | | | | | | | | | | | | | |
| 3. | Τηλ:  Tel.: |  | | | | | | | | Φαξ:  Fax: |  | | | | |
|  | | | | | | | | | | | | | | | |
| 4. | Ασχολία Επιχείρησης:  Nature of Business: | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 5. | Αριθμός Μητρώου Εργοδότη\*:  Employer’s Register Number\*: | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 6. | Αριθμός Eργοδοτουμένων:  Number of Employees: | | | | | |  | | | | | | | | |

## ***Για την Επιχείρηση***

### On behalf of the above firm

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Υπογραφή  Signature |  | Ιδιότητα Υπογράφοντος  Title of Signee |  | ‘Ονομα Υπογράφοντος  Name of Signee |

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| --- |
|  |
| Ημερομηνία  Date |