



EJN MEMBERSHIP APPLICATION FORM

Name of the Organisation	
Legal name of the Organisation (for the invoices)	
First year of activity	
Full legal address (street, number, ZIP, city, country)	
Full office address (if different - where to send the invoices)	
VAT (if applicable)	
Please specify if you are a festival, a club/venue, a national/regional organisation (you can chose more than one option)	<input type="checkbox"/> Festival <input type="checkbox"/> Club/Venue <input type="checkbox"/> National/regional organisation
Full name of legal representative	
Full name of the person in charge of the relations with EJN	
Email address of the person in charge of the relations with EJN	
Other email address/es to be inserted in the EJN mailing list	
Mobile number of the person in charge of the relations with EJN (with int'l code)	
Landline/office number (with int'l code)	
Website	
Social media links (facebook, twitter, instagram, etc..)	

EUROPE JAZZ NETWORK

In no more than 150 words, please explain what your organisation does and how it is organized (e.g. is it a festival or club; does it have not-for-profit activity; what kind of programme does it have; how long has it been in existence etc):

In no more than 100 words. Commitment to European jazz – how do you support European Jazz?

In no more than 100 words, please explain what you think you can give to the EJNI as a member

In no more than 100 words, please say why you think your organisation will benefit from membership of EJNI

EUROPE JAZZ NETWORK

*I agree to committing our organisation to the aims and responsibilities of EJNI membership and agree to pay the 1.000,00 € annual membership fee.
Please accept this application for membership.*

*Signed Date
Name of person signing*

SEND TO: office@europejazz.net