

EJN MEMBERSHIP APPLICATION FORM

Name of the Organisation	
Legal name of the Organisation	
First year of activity	
Full legal address (street, number, ZIP, city, country)	
Full office address (if different - where to send the invoices)	
VAT number	
Profit / Non profit entity	Profit: [] Non profit: []
Main focus of activity (Please note that to be eligible as an EJN member your organisation MUST have as a main focus of activity one of these three typologies. You can tick more than one option)	Festival: [] Club-Venue: [] National-Regional support organisation: []
Other focusses of activity (Please specify if you are also involved in agency work, artists' management or performances, record label, PR work or other activities not included above)	
Full name of the legal representative	
Full name of the person in charge of the relations with EJN	
Position/role 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	



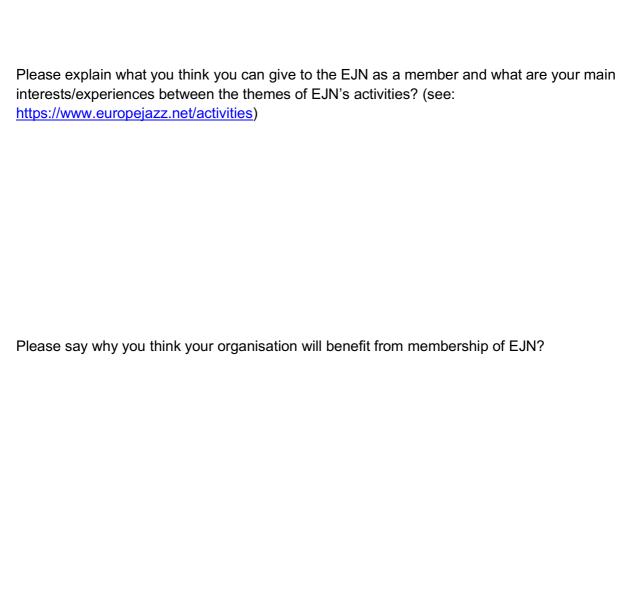
Mobile number of the person in charge of the relations with EJN (with int'l code)	
Landline/office number (with int'l code)	
Website	
Social media links (facebook, twitter, instagram, etc)	

Please explain about your organisation's history, what your organisation does and how it is managed:

List the 5 most relevant and significant concerts, projects or activities you have hosted/presented/produced in recent years in your organisation (with possible links):

Explain how your organisation is committed to increasing development opportunities (via e.g. performances, artist development, exchanges etc) for jazz and jazz-related artists from Europe?





I agree to committing our organisation to the aims and responsibilities of EJN 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