

**Competence Center ISOBUS e. V.**

Management  
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## Membership Application

Company:
Name
Address:
Phone:
eMail:
Our expectations of this membership:
Our previous activities in the field of ISOBUS:

I read the statutes and in recognition there of hereby apply for associate membership in the Competence Center ISOBUS e.V.

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(Place, date, signature, company stamp)