| Membership application NOC Sweden  |
| --- |
| company information |
| Company name: |
| Registration no: | Info E-mail: | Tel: |
| Address: |
| Postal Code:  | Postal Address: |
| Other information:  |
| primary contact person |
| Name:  |
| Tel: | Cell phone no:  | E-mail: |
| Position: | Other information: |
| Brand & certification |
| Brands included by the membership. Please also state certification for each brand if applicable. |
|  |
| Information for membership fee  |
| Sales for brands included in the membership. Please first read the document about NOC Sweden membership fees.  |
| Please indicate the relevant sales intervall: |
| brand information |
| Please state all relevant information that the association should consider reviewing this application. Please see the statues for the association and in particular, indicate any ‘black-listed’ ingredients from the ‘list of contents’. If any of your products contain ‘black-listed’ content, please indicate this below. |
|  |
| Please Note |
| That by submitting this application you agree to the terms and statues of NOC Sweden and confirm that you have fully understood them and that NOC Sweden has been given all relevant information that should be submitted according to the appendix “Innehållslista 2018” (List of contents 2018).  |
| decision by the association |
| Approved (yes/no): |
| motivation  |
| Motivation is written only in case of preliminary decision to reject the application.  |
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