

ENA - European Nail Association
Seeufer Landesstraße 42
9580 Drobollach
Austria



REGISTRATION

Tel.: 0043 / (0) 4242 / 22 22 5
Fax: 0043 / (0) 4242 / 22 22 5 14

Please fill out this form in CAPITAL LETTERS!

Company name:.....
First name:.....
Surname:
Street address:.....
ZIP / City:
Cellular phone:
E-Mail:
Product in salon: at championships:
Nail designer since:.....

I declare with my signature that I want to become a member of the European Nail Association (ENA). The ENA is a registered association according to Austrian law, register number Vr-4106-E129/04. I hereby declare that I fully accept the statutes of the ENA and that I will support the ENA to the best of my abilities. Should I be accepted as a member I get a membership card. From the first day of my membership in the association a monthly fee of EUR 8,00 is due. The membership fee is deducted from my account in advance. The membership period is one year and is prolonged for another year if it is not terminated in written form at the latest 2 months before termination.

ATTENTION: A membership is only possible in connection with a valid direct debit mandate.
For back transfers for whatever reason the ENA charges EUR 15,00 in addition to the bank charges.

I agree to regularly receive advertisements from IMS Europe - Nail Vertriebs GmbH and its distributors as well as its partner companies by mail, telefax, e-mail as well as via telephone. This statement of agreement can be revoked at any time by a formless letter addressed to ENA, Seeufer Landesstr. 42, 9580 Drobollach, Austria.

.....
Location | Date

.....
Signature

I/We hereby authorize my/our below named Bank to effect transfers from my/our account to that of the above named Beneficiary in accordance with such instructions as my/our Bank may receive from the Beneficiary from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below. I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorization at any time on one week's written notice. This authorization shall have effect until further notice or until the below written expiry date (whichever shall first occur).

Please COMPLETELY fill out the account details!

Account holder:
Account number:
Bank identification code:
Name of the bank:
IBAN:
SWIFT (BIC):

.....
Location | Date

.....
Signature of the account holder