**QUESTIONNAIRE COMPANY / ASSOCIATION**

**Name of Company/Association:**

**Prename & Surname:**

**Full address:**

**Phone and Fax:**

**Email:**

**Homepage:**

**Location (exact name and address):**

**The company/association is:**  run by a private company / person

run by a public source

commercial

run by a non-profit organisation

**Description of business:**

**This questionnaire was answered by:** Name:

Email:

**By making this application for associated membership in YOUROPE - The European Festival Association, the applicant has agreed and accepted the** [**YOUROPE statutes**](https://yourope.org/wp-content/uploads/2021/04/YOUROPE-statutes-2021-ENG.pdf) **and the** [**YOUROPE mission statement**](https://yourope.org/what-is-yourope/mission-statement/).

**Please send this questionnaire by email to YOUROPE, Auguststr. 18, 53229 Bonn, Germany,** [**office@yourope.org**](mailto:office@yourope.org)

**You also can download it from the YOUROPE-Website:** [**www.yourope.org**](http://www.yourope.org)