

	About You	
Must be there*		
First Name:		
Last name:		
Adress:		
Adress:		
Zip:		
Town:		
P.O.Box		
Country:		
Email:		
Secondary Email:		
Occuption		
Message To Secretary		
About your workplace		
Company: *		
Department:*		
Contact Person: (at the Facility):		
Contact person Email:		
This information is only used internal in Scandlas		
Billing Address. We use E-invoice by email., but if you need a paper invoice fill in your details here. If others in Your department already have a paper invoice, please contact us and we´ll connect you to this invoice		
Yes, Send the invoice to this address	Yes	No
We prefer Pdf invoice	Yes	No
We prefer Digital (electronic Invoice	Yes	No
Invoice reference:		
Invoice Address1:		
Invoice Address2:		
Invoice Address3:		

P.O box	
Zip:	
City:	
<p>Membership fee: 30 €</p> <p>Do not send ordinary Cheques, please! We will sending you an invoice</p> <p>Application Sponsor: All new applicants are required to have least one current Scand-Las member's signature underneath:</p>	
Name:*	
Email: *	
Country*	
<p>Note: all data are managed and accessible only by the secretary, webmaster and the board. We also save these data in a secure database. No email addresses are handed over to any outsider.</p>	