



HWEA
HELLENIC WIND ENERGY ASSOCIATION

APPLICATION

- | | | | |
|--|--------------------------|----------------|--------------------------|
| ▪ APPLICATION FOR NEW MEMBERSHIP | <input type="checkbox"/> | ▪ INDIVIDUAL | <input type="checkbox"/> |
| ▪ DATA MODIFICATION OF EXISTING MEMBER | <input type="checkbox"/> | ▪ LEGAL ENTITY | <input type="checkbox"/> |

PERSONAL DATA

NAME/SURNAME OF INDIVIDUAL : _____

NAME OF LEGAL ENTITY: _____

AREA OF ACTIVITIES: _____

ADDRESS: STREET _____ No: _____

AREA: _____ CITY: _____ POST CODE: _____

TEL: _____ FAX: _____

e-mail: _____ website: _____

VAT: _____ TAX OFFICE: _____

EDUCATIONAL BACKGROUND (APPLICABLE FOR INDIVIDUALS): _____

- I CONSENT TO DISCLOSE MY CONTACT INFORMATION EXCLUSIVELY TO OTHER ACTIVE MEMBERS OF ELETAEN.

SIGNATURE/STAMP:

DATE:

HWEA/ELETAEN

Kosta Varnali 52 & Epidavrou str, Chalandri 15233, tel. ++30 2108081755, fax. ++302106816837
e-mail info@eletaen.gr web www.eletaen.gr



FOLLOW US



PREREQUISITES

1) Your application should be supported by two active members of HWEA

A). Name Signature:

B). Name Signature:

2) You need to deposit the required amount for the registration and the annual subscription as follows:

Member Category	Initial Registration	Annual Subscription
Individuals	€ 80,00	€ 80,00
Legal Entities	€ 800,00	€ 800,00

PAYMENT

ALPHA Bank – Account No: 441002002004118

IBAN: GR70 0140 4410 4410 0200 2004 118

Beneficiary: ELLINIKI EPISTIM. ENOSI AEOLIKIS ENERGIAS

After having deposited the required amount, please send to info@eletaen.gr the current application form and the bank receipt