

**European Association of fish Producers Organisations**  
**Association Européenne des Organisations de Producteurs dans le secteur de la pêche**



**EAPO / AEOP**

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**Membership form**

APPLICATION FORM FOR MEMBERSHIP OF EAPO

I, the undersigned, \_\_\_\_\_ (name)  
representing the below mentioned Producers Organisation wish to become a  
member of EAPO.

Name:	
Contact person:	
Address:	
EU Member State:	
Telephone:	
Fax:	
E-mail:	

Date

Signature