

ERA EUROPE /ERA UK MEMBERSHIP APPLICATION

Please complete the form below, sign it, scan or fax a copy of the two pages, signed to :ERA EUROPE Membership

Administration manager: Aneta Trajkovska:

FAX NUMBER: +32 2 645 26 71 or

Scan to: Atrajkovska@retailing.org

See dues payment instructions page 2 of the form.



Electronic Retailing Association

CONTACT INFORMATION

Company Name: _____ Company URL: _____

Primary Contact :

Mr/Mrs/Ms First name: _____ Last name: _____

Full Title/ Position: _____ email address: _____@_____

Address: _____

City: _____ Postal Code : _____ Country: _____

Tel: _____ Fax : _____

Secondary Contact

Mr/Mrs/Ms First name: _____ Last name: _____

Full Title/ Position: _____ email address: _____@_____

Signature: the undersigned applies for membership in the Electronic Association Europe and certifies that all statements made in this application are correct. If elected to membership, the undersigned agrees to have the member company abide by the association by-laws and ERA EUROPE Self Regulation Programme. This includes filling and sending back to the Association's Self Regulation Officer the Self Regulation Programme questionnaire and documents that the member company will duly receive from the association. Failure to comply with the above obligations will result in the immediate termination of ERA Europe membership by the Board of Directors. Members also agree to abide by the ERA Counterfeiting Fact Finding Program. The applicant's sole and exclusive liability under this membership application and dues affidavit is that failure to comply with the ERA Counterfeiting Fact Finding Program will result in immediate and automatic termination of ERA membership without consideration by the Board of Directors. Your dues are not refundable upon termination for any reason. As a new (or renewed) member you will receive the association's electronic newsletters, the Electronic Retailer Magazine and properties thereof as a member benefit.

SIGNATURE : _____

Membership categories information: this ERA Europe /ER UK membership form is applicable to companies based in the UK & republic of Ireland. Members pay dues based:

For Retailers: on total revenues derived from direct response sales to consumers through Electronic Retailing –
For Suppliers on products or services: on Total revenues derived from Direct Response Business. Please circle the correct category and dues amount in the table (all amounts are in euros)

Please note: European or Middle East Subsidiaries of member companies paying dues outside this region pay dues according to the table, based on their own Annual revenue. They are listed separately on the Membership Directory.

Europe and Middle East countries: 25 EU member states+ non EU continental Europe countries + Iceland - Russia- Ukraine - Turkey-Israel- Lebanon-Jordan – Egypt –Saudi Arabia –Gulf Emirates-

| Annual Revenue | ERA EUROPE dues |
|----------------------------------|-----------------|
| € 0 to 5 millions | € 4 000 |
| € + 5 millions to € 10 millions | € 6 000 |
| € +10 millions to € 20 millions | € 8 000 |
| € +20 millions to € 30 millions | € 10 000 |
| € +30 millions to € 40 millions | €12 000 |
| € +40 millions to € 50 millions | €14 000 |
| € +50 millions to € 60 millions | €16 000 |
| € +60 millions to € 70 millions | €18 000 |
| € +70 millions to € 80 millions | € 20 000 |
| € +80 millions to € 90 millions | € 22 000 |
| € +90 millions to € 100 millions | € 24 000 |
| € +100 millions | € 26 000 |

DUES LEVEL PAID : € _____

Signature : _____

MEMBERSHIP ACTIVATION

(please fax /scan and send back with page 1)

Your initial membership will be activated as soon as your membership application is processed and accepted. This includes the completion of the Self Regulation Signing in procedure administered by ERA EUROPE independent Self Regulation Officer Nancy Barkan Consultind (nbarkan@retailing.org)

Your initial membership period will terminate the last day of the 12th month after your membership application is accepted.

After you renew your membership, Standard annual membership billing is in January.

/___/ Read and accepted the above provisions: signature _____

DUES PAYMENT INSTRUCTIONS

PLEASE PAY DUES IN EUROS **Exclusively**
Dues are to be paid **free of taxes and bank charges**

By Wire transfer (preferred method)

EURO BANK ACCOUNT

ING Bank
Avenue Louise 205-207
1050 Brussels
Belgium

ERA EUROPE
Account No: 310-1890101-45
SWIFT/BIC Code: BBRUBEBB
IBAN: BE44310189010145

By Credit Card:

Please charge my credit card: /___/ Visa /___/ Mastercard /___/ Amex

Number: _____

Expiration date: ____/____

Name of card Holder on the card: _____

Amount: _____ **€ Signature:** _____