

SUBMISSION FORM

Fill the form and return it signed to: Associació Clúster Audiovisual de Catalunya(Via Laietana 32-34, Barcelona).

Registered office: _____ NIF: _____
Address _____
City & Country: _____
Phone: _____
Website: _____

CONTACT PERSONS:

Name: _____	Position _____
E-mail: _____	Phone: _____
Name: _____	Position _____
E-mail: _____	Phone: _____
Name: _____	Position: _____
E-mail: _____	Phone: _____

FEES:

The amount of the Audiovisual Clusters' membership fee, which is collected annually by direct debit, is determined on the basis of the turnover of each company

- ☐ 365€ (<500.000 €)
- ☐ 600€ (500.000-1M €)
- ☐ 1200€ (1-5M €)
- ☐ 2400€ (>5 M €)
- ☐ 500€ (universities and associations)

In the case of wanting to process the cancellation for the following year, it must be formalized before January 15.

COMPANY ACTIVITY

The members of Catalan Audiovisual Cluster are formally committed to complying in a timely manner with the payment of the established fees, as well as to look after the interests and objectives of the Association.

SIGNED BY: _____

DATE: ____/____/____