



APPLICATION FORM 2012
DIRECT ECSLA CORPORATE WAREHOUSE MEMBERSHIP
 (Incl. Global Cold Chain Alliance public refrigerated warehouse membership)

Company information

Company : _____
 Street address : _____
 Postal code : _____ City: _____ Country: _____
 Phone number : _____ Fax: _____
 Email : _____ VAT nr. _____
 Website : _____
 Description of operations: _____

Contact person : _____ Title: _____

Email for member correspondence: _____

Membership fee

Calculations are based on all temperature-controlled space inside the buildings operated by members. This includes all cooler and freezer space, order picking and blast freezing areas plus loading, unloading, dispatch and cross-docking zones. Space that is rented out is excluded. Space that is rented on an annual base has to be included in the total capacity.

Cooler _____ m³; Freezer _____ m³; Total capacity _____ m³

Based on this capacity, our company annual membership fee is € _____ (see schedule below)

Membership fee schedule						
From m ³ capacity	To m ³ capacity	Annual fee in Euro		From m ³ capacity	To m ³ capacity	Annual fee in Euro
0 m ³	25.000 m ³	€ 850		351.000 m ³	400.000 m ³	€ 4.675
26.000 m ³	50.000 m ³	€ 1.050		401.000 m ³	450.000 m ³	€ 5.150
51.000 m ³	75.000 m ³	€ 1.350		451.000 m ³	500.000 m ³	€ 5.675
76.000 m ³	100.000 m ³	€ 1.640		501.000 m ³	750.000 m ³	€ 6.000
101.000 m ³	150.000 m ³	€ 2.120		751.000 m ³	1.000.000 m ³	€ 6.250
151.000 m ³	200.000 m ³	€ 2.675		1.001.000 m ³	2.000.000 m ³	€ 6.500
201.000 m ³	250.000 m ³	€ 3.175		2.001.000 m ³	3.000.000 m ³	€ 6.750
251.000 m ³	300.000 m ³	€ 3.650		3.001.000 m ³	And more	€ 7.000
301.000 m ³	350.000 m ³	€ 4.125				

Application

Based on the information above, we apply for Direct ECSLA Corporate Membership, including all the benefits/resources of the Global Cold Chain Alliance.

We understand that membership is automatically renewed for one year, unless a cancellation has been forwarded to ECSLA before December 1. ECSLA will forward an invoice, to be paid by bank transfer. Upon receipt of the annual fee, our membership is official and we will have access to all member benefits and resources.

Name: _____

City: _____

Date: _____

Signature: _____

Please fax this form to ECSLA: +31 38 454 6550