UNIFE Membership Information enquiry

Are you interested in UNIFE Membership?

For more information on your company’s eligibility and Membership fees, please provide the information requested in the fields below.

Return the form¹ to UNIFE by e-mail to membership@unife.org

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**General information**

Company name:
__________________________________________________________________________

Address of company headquarters:
__________________________________________________________________________
__________________________________________________________________________

Company website:
__________________________________________________________________________

**Information on rail business**

Rail-related products or services provided in Europe:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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¹ This Information Enquiry form does not constitute any commitment on the part of your company and the information you provide will be kept confidential.
Percentage of company business in rail: _________________ %

Number of employees (in rail):
Europe: _________________
Worldwide (incl. Europe): _________________

Turnover of company and subsidiaries (in rail):
Europe: _________________ €
Worldwide (incl. Europe): _________________ €

Contact person

First name: __________________________________________

Last name: _______________________________________________________________________

Position: _______________________________________________________________________

Postal address (if different):
______________________________________________________________________________
______________________________________________________________________________

Phone number: ___________________________________________________________________

E-mail: _________________________________________________________________________

Date and Name of the person requiring information: