



*Uniunea Producătorilor de Film și Audiovizual din România
Asociația Română de Gestiune a Operelor din Audiovizual*

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MEMBERSHIP APPLICATION

The subscribed (company name) _____

CUI _____, number in the Trade Register (J _____/ _____) through its legal Representant,

Mrs./Mr. _____, function _____,

I apply for membership at U.P.F.A.R.-A.R.G.O.A.

I am aware of the provisions of the U.P.F.A.R. - A.R.G.O.A. Statute (www.upfarargoa.ro) and we agree to its provisions.

Date _____

Signature and stamp _____

HEADQUARTERS ADDRESS

Town _____

Street _____

No. _____

Zip code _____

Phone no. _____

Fax _____

Mobile phone _____

CORRESPONDENCE ADDRESS (if different)

Town _____

Street _____

No. _____

Zip code _____

Phone no. _____

Fax _____

Mobile phone _____