

Please complete this form in full and send or fax the signed copy to the following address:

The Board of the FSM e.V.  
c/o Geschäftsstelle FSM  
Beuthstr. 6  
10117 Berlin  
Fax: **+49 30 24048459**

**Application for Membership**  
in the Association  
**Voluntary Self-Monitoring of Multimedia Service Providers**  
(Freiwilligen Selbstkontrolle Multimedia-Diensteanbieter e.V.)

**Postal address:**

Company/ Organisation

Street

Postcode, Place

**Contact person:**

First name

Name

E-mail address

Telephone

Fax

**Company details:**

Nature of business

Year established

Number employed

Annual turnover

Online activities

Website(s)

I/we apply to join the FSM as

Regular member

Associate member

Sponsoring member

I/ we, the undersigned, confirm my/ our acceptance of the Statutes and Code of Conduct\* of the FSM e.V..

\* In applying for membership this form must be accompanied by a signed declaration of specific undertakings.

Company stamp

Place:

Date:

Signature: \_\_\_\_\_