



BLOCKCHAIN

T Ü R K İ Y E

MEMBERSHIP APPLICATION FORM

Company name:

Sector:

Address of company:

Tax Administration:

Tax number:

Company Website:

Authorized person:

Authorized Person Mobile Phone:

Authorized Person E-Mail Address:

Preferred Membership Type: Platinum Membership Gold Membership

BCTR Member Reference:

Application date:

Stamp and Signature:

To become a BCTR member, at least one of our current members is required to have a positive reference.

Please send this form to info@bctr.org after you fill it out, or by mail after the correspondence below.