

# APPLICATION FORM

## ASSOCIATE MEMBERS

- NGO'S AND ACADEMIC INSTITUTIONS     SECTORIAL ORGANIZATIONS  
 CORPORATION     PUBLIC ADMINISTRATIONS

A different application applies to Individual Professionals

### LEGAL DATA:

Legal name of organization: \_\_\_\_\_

Acronym: \_\_\_\_\_

Form of legal establishment: \_\_\_\_\_

VAT/CIF number (for fiscal purposes) : \_\_\_\_\_

### BUSINESS ADDRESS:

Street: \_\_\_\_\_ City: \_\_\_\_\_

State/Province/Country: \_\_\_\_\_ ZIP/Postal code: \_\_\_\_\_

### REGISTERED OFFICE ADDRESS:

Street: \_\_\_\_\_ City: \_\_\_\_\_

State/Province/Country: \_\_\_\_\_ ZIP/Postal code: \_\_\_\_\_

### CONTACT DATA:

E-mail: \_\_\_\_\_

Internet web-site: \_\_\_\_\_

Tel no: \_\_\_\_\_ Fax no: \_\_\_\_\_

+ (country code) area code number + (country code) area code number

### COUNTRY/COUNTRIES REPRESENTING:

Only applicable to International Members. \_\_\_\_\_

Number of members in organization \_\_\_\_\_

**1 Please state registered office address where this differs from usual business address of organization**



# APPLICATION FORM ASSOCIATE MEMBERS

## CONTACT PERSON/S:

Full Name: \_\_\_\_\_

E-mail adress: \_\_\_\_\_ SKYPE: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Full Name: \_\_\_\_\_

E-mail adress: \_\_\_\_\_ SKYPE: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## ASSIGNED DELEGATE TO WCCE:

Full Name: \_\_\_\_\_

E-mail adress: \_\_\_\_\_ SKYPE: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## OBSERVATIONS

If you apply as ASSOCIATE member, please tell us a little about your organization / company, academic institution etc. Which are your fields of speciality, how many people are involved, if you also work away from your country of residence, etc

**Once filled, please press SUBMIT**