

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