



APPLICATION FORM ORDINARY MEMBERS

NATIONAL MEMBERS

INTERNATIONAL MEMBERS

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

WCCE APPLICATION FORM. ORDINARY MEMBERS

Secretariat Address:
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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: _____

Once filled, please press SUBMIT