



APPLICATION FOR MEMBERSHIP

International Union
of Economic Cooperation
of Industrialists and Businessmen

ABOUT YOUR COMPANY Please fill this form in BLOCK CAPITALS

Company name	<input type="text"/>		
Known as (if different)	<input type="text"/>		
Address	<input type="text"/>		
City	Country	Postal Code	<input type="text"/>
Telephone	Fax	<input type="text"/>	
Website	<input type="text"/>		
Corporative email	<input type="text"/>		
Business description (products, services etc.)	<input type="text"/>		
Business sector	<input type="text"/>		
Parent/holding company (if applicable)	Number of employees	<input type="text"/>	
Company registration number	<input type="text"/>		
Main reason for joining the Union	<input type="text"/>		
Please list all professional bodies or trade associations of which your company is a member			
<input type="text"/>			

PRINCIPAL CONTACT DETAILS Details on the main contact for membership administration

Title	First name	Surname	<input type="text"/>
Job title	<input type="text"/>		
Responsible for	<input type="text"/>		
Telephone	Email	<input type="text"/>	

WHERE DID YOU HEAR ABOUT US?

Please state where you heard about us

If you were introduced by a member of the Union please complete that member's company name

YOUR INTERESTS

Legal support

Capital spending projects

Investors

Governmental Affairs (please indicate the region or country)

Non-governmental organizations affairs (please indicate the sphere)

Marketing and promotion support

PR, events and advertising support

Participation in tenders (please indicate the sphere)

Licensing and certification

Finding a supplier (please indicate the sphere)

Finding a distributor (please indicate the sphere)

Finding a partner (please indicate the project/sphere)

Other, comments

Date

Signature

