

## MEMBERSHIP APPLICATION FORM

<b>COMPANY</b>			
<b>HEADQUARTERS</b>			
VAT No. Reg.No. Bank Account: RO/EURO			
<b>NAME</b>			
<b>JOB POSITION</b>			
<b>TELEPHONE</b>		<b>FAX</b>	
<b>EMAIL</b>		<b>WEBSITE</b>	
Would you like a link to your website from the CCIBRP site? Please state 'yes' or 'no' here.			
<b>BUSINESS SECTOR(S)</b>			
<b>ANNUAL Fee: 300 EURO</b>			

I declare that I read the CCIBRP Statute and I adhere to it.

<b>SIGNED</b>		<b>DATE</b>	
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Please do not send your payment with this form – we will send you a membership fee invoice as soon as we receive this form.

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