



Russian Chamber of Commerce in EU

Membership Application

Name of the Company/Organization

Mailing Address

Country

Telephone

Fax

E-mail

Full Name of Responsible person

Telephone

E-mail

Other Contacts (Full names)

Telephone

E-mail

Date and place of incorporation / Registration

Number of employees

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Ownership Structure (mark by X)

<input type="checkbox"/>	<i>Individual</i>	<input type="checkbox"/>	<i>State-owned Company</i>
<input type="checkbox"/>	<i>Joint-Stock Company</i>	<input type="checkbox"/>	<i>Public / Non-profit organization</i>
<input type="checkbox"/>	<i>Limited Liability Company</i>	<input type="checkbox"/>	<i>Other Legal Form</i>

Description of Business / Activity (mark by X)

<input type="checkbox"/>	<i>Banking, Investments, Finance</i>	<input type="checkbox"/>	<i>Health Care and related</i>
<input type="checkbox"/>	<i>Consulting /Accounting</i>	<input type="checkbox"/>	<i>Education</i>
<input type="checkbox"/>	<i>New and information services</i>	<input type="checkbox"/>	<i>Security Services</i>
<input type="checkbox"/>	<i>Trade (retail, wholesale)</i>	<input type="checkbox"/>	<i>Manufacturing and Production</i>
<input type="checkbox"/>	<i>Hotels and Restaurants</i>	<input type="checkbox"/>	<i>Tourism and Travel</i>
<input type="checkbox"/>	<i>Real Estate, Leasing</i>	<input type="checkbox"/>	<i>Telecommunication, Internet, ITT</i>
<input type="checkbox"/>	<i>Legal Services</i>	<input type="checkbox"/>	<i>Other</i>

Membership Category and Membership fees (mark by X)

<input type="checkbox"/>	<i>Corporate Sponsor (2,650 €)</i>	<input type="checkbox"/>	<i>Public, Non-Profit Organization (400 €)</i>
<input type="checkbox"/>	<i>Corporate Permanent (1,750 €)</i>	<input type="checkbox"/>	<i>Associate Member (190 €)</i>
<input type="checkbox"/>	<i>Corporate Active (650 €)</i>	<input type="checkbox"/>	<i>Supporting Organization (Free)</i>

€ - Euro

Please attach to application following:

1. Short (100-120 words) description of the company / organization activity, services, etc. for including into member's catalogue.
2. Copy of state registration / incorporation (except for supporting and educational organizations).

Date: _____

Applicant Signature: _____

Do not fill below

Member Registration Number

Date and Number of Board Decision

	№	
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