



MEMBERSHIP APPLICATION FORM 2015

Please send this application form back by e-mail or fax to:

**International Trade Council Secretariat
Attention of: ITC Association President**

Belgium

Rond-Point Schuman 11
Bruxelles, 1040

Phone: +32 (2) 588 5803
Fax: +32 (2) 588 5804

United Kingdom (All Postal Mail)

Suite 552, 109 Vernon House, Friar Lane
Nottingham NG1 6DQ

Phone: +44 (203) 6950900
Fax: +44 (203) 6950592

E-mail: members@tradecouncil.org

Website: www.thetradecouncil.com

NOTICE TO THE EFFECT OF LEGISLATIVE DECREE NO. 196/2003

Following to the requirements stated by art. 13 of the Legislative Decree no. 196 of June 30, 2003, on "Personal Data Protection Code" (following: the "Code"), we would inform you that your personal data are/will be processed by the International Trade Council, with respect to the applicable law, exclusively for the aims related to its purposes and to consider your application for the admission to the Association, by manual instruments as well as informatic and telematic, and oriented to the purposes above as to respect the safety and the confidentiality of the processed data. In relation to your personal data, we inform you, that art. 7 of the Code, recognises to you, in the quality of data subject, specific rights, among which the right to obtain the updating, rectification or, where interested therein, integration of the data.

The Controller in charge of your data processing, will be the International trade council, having its registered office at Rond-Point Schuman 11, Brussels 1040, Belgium.

TO BE FILLED OUT IN CAPITAL LETTERS

Organisation Name: _____

Address (Headquarters): _____

State/Province/Other: _____

Country: _____

Generic email for organisation: _____

Telephone No.*: _____

Fax*: _____

URL: http:// _____

Contact person (to be appointed as Official Representative to the Council):

Mr. **Mrs.** **Ms.** **Dr.** **Prof.**

First Name: _____

Last Name: _____

Position: _____

Direct Telephone No.*: _____

Fax*: _____

Direct e-mail: _____

Signature of the legal representative of the Organisation

**Please, type telephone and fax numbers as they should be dialled from outside your own country – including country and city prefixes*

Please select the description (only one) that best describes your organisation:

- Individual
- Company
- Public/Governmental Body
- Intergovernmental International Organisation
- Private Non Profit Organisation/Foundation
- Network/Association/Aggregation of Intermediaries (profit or non profit)
- Business Association
- Individual Intermediary/Business Support Organisation (including Universities and private profit oriented organisations)
- Other: please specify _____

Please describe your organisation:

(you can attach supporting documentation in English. If unavailable in English, please attach an abstract in English and the original documentation in French, Spanish or Portuguese)

Please describe the topics of interest of your organisation:

Do you have offices abroad? If yes, where and how many?

Membership Type	Select Annual or Lifetime Membership
• Individual Membership	<input type="checkbox"/> \$60 USD <input type="checkbox"/> \$750 USD Annual Life Membership
• Company (up to 20 employees)	<input type="checkbox"/> \$100 USD <input type="checkbox"/> \$1000 USD Annual Life Membership
• Company (more than 20 employees)	<input type="checkbox"/> \$250 USD <input type="checkbox"/> \$2000 USD Annual Life Membership
• Student / Retiree	<input type="checkbox"/> \$40 USD <input type="checkbox"/> \$400 USD Annual Life Membership

You will receive email confirmation within 7 days of application acceptance.

Once your application has been approved you will receive an invoice with payment details.

Please fax this form to : +32 (2) 588 5804 or +44 (203) 6950592