

Membership Application Form

To apply for a membership for **CCBRALUX**, please complete and return this form to info@ccbralux.lu. If you have any questions please send us an email on info@ccbralux.lu or call us on +352 691 787 000.

Company Name:

Address:

Postal Code / City:

Telephone:

Website:

Parent Company:

Country:

Company Representative Details

Last, first name:

E-mail:

Telephone:

Nationality:

Position:

If accepted as a member of CCBRALUX, the Company acknowledges CCBRALUX's articles of association and agrees with CCBRALUX's disclaimer* and commits to transfer the first yearly membership fee amounting to EUR 100,- to the following bank account:

Bank: BIL

IBAN: LU83 0026 1101 7414 7500

BIC: BILLULL

Signed in _____ on _____ 20_____.

By: _____

Name:

Title:

*CCBRALUX endeavors to provide the best and most updated information on its website, newsletters, interviews, articles and social media. However it cannot guarantee its accuracy or suitability for any purpose. All such information is provided on a "as is" basis.

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