



To:
The CIB General Secretariat; P.O. Box 1837; 3000 BV Rotterdam; The Netherlands; fax +31 10 433.4372

I confirm my
APPLICATION FOR CIB INSTITUTIONAL MEMBERSHIP

In the Category of _____ Membership in Fee Category _____

Name of the Organisation:

- In English: _____

- In Original Language: _____

Country: _____

Home Page: _____

Type of Organisation: _____

Scope and Main Fields of Activities: (Please include additional Leaflets etc. as appropriate): _____

Contact in the Organisation for Official CIB Correspondence (One person please): _____

Full Postal Address: _____

City, Zip Code: _____ Country: _____

Tel.: _____ Fax: _____

Email: _____

We would also appreciate it if you send us the Logo of the Organisation for inclusion on the CIB Home Page.

Date:

Signed: