

## APPLICATION FORM FOR MEMBERSHIP OF IUCAB

We apply for a membership of the Internationally United Commercial Agents and Brokers - IUCAB.

IUCAB needs the following information regarding your association/applicant candidate:

1.	Name Address Town & Country Postal Code Telephone no. Mobile no. E-mail Web	:		
2.	Name and title of	f the undersigned:		
3.	The name(s) and the function(s) of the Board member(s) of the association:			
4.	Size of the associa	Size of the association (number of members):		
5.	Business-activities of the members and the sector of trade/industry they are r (production or trade, articles, agency or im-/export):			
		UCAB will find an extract of the registration of the by with an English translation thereof.		
W		JCAB-Charter and commit ourselves to follow these roles. In the membership fee set up in the Annual Delegates Meeting s of IUCAB.		
Ρl	ace and Date of ap	pplication:		
_ Na	ame of the associa	ation/applicant candidate Signature		

Appendix: extract of the registration of the association