



MEMBERSHIP FORM

Azerbaijan-France Chamber of Commerce and Industry

General data

Company name _____

Company name (as registered with the Ministry of Justice) _____

Head office

Branch

Address _____

Phone _____ Fax _____

E-mail _____ Website _____

Type of Company

French Company

Azerbaijani Company

Other

Membership Scheme

Category A - The companies (their branches and representative offices) with a combined total turnover more than 100 million euros **AZN 2400/per year.**

- One vote at General Assembly
- Free participation to all monthly events for 2 senior representatives
- Company logo at CCIAF web-site
- Opportunity to use promotional materials at CCIAF events
- Ability to invite Clients/Prospects to CCIAF free events
- Support to promoting member's events

Category B - The companies (their branches and representative offices) with a combined total turnover less than 100 million euros, non-profit organizations, educational institutions **AZN 1200/per year.**

- One vote at General Assembly
- Free participation to all monthly events for 1 representative
- Company logo at CCIAF web-site
- Opportunity to use promotional materials at CCIAF events
- Ability to invite Clients/Prospects to CCIAF free events
- Support to promoting member's events

Category C - Individuals **AZN 600/per year**

- Free participation to all monthly events for 1 representative

For category A and B, please scan and send copies of company registration and tax certificate to office@cciaf.az.

I wish to become a Member of the Azerbaijan – France Chamber of Commerce and Industry. I understand and acknowledge that this Membership Form will be submitted for consideration and approval of the CCIAF Board of Directors and that CCIAF will notify us of its decision and will render an invoice for payment of membership fee. I also understand and acknowledge that CCIAF will provide a written notice confirming the membership only after the membership fee is paid.

I hereby express my agreement to become a Member of the Azerbaijan - France Chamber of Commerce and Industry, whereas my membership shall commence as of the payment date of assigned membership fee and last for subsequent 12 (twelve) months. I agree that my contact details and the logo of my company can be used by the CCIAF in its external communication/publications.

! *The use of the "CCIAF" logo is free of charge for the CCIAF Members under the following conditions: it should not be used to harm the image of the CCIAF or the one of its services, it should not mislead any customer into believing that the CCIAF in any way guarantees the quality of the products/services or the reputation of the member making use of that logo. The use of the "Member of CCIAF" logo cannot engage the responsibility of the CCIAF in any way. The "CCIAF" logo remains the property of the CCIAF. In case of failure to respect the set out above conditions or, more generally, in case of any use contrary to CCIAF interests, the CCIAF reserves the right to prohibit the use of its Member logo and to demand its immediate withdrawal upon written notice.*

Company Data

Business

- | | |
|--|---|
| <input type="checkbox"/> Import/Distribution | <input type="checkbox"/> Private Association |
| <input type="checkbox"/> Press | <input type="checkbox"/> Service |
| <input type="checkbox"/> Retail/Wholesale/Sourcing | <input type="checkbox"/> Manufacturing/Import |
| <input type="checkbox"/> Institute | <input type="checkbox"/> Public Organization |

Please X below the most appropriate category of your business.

- | | | |
|---|--|--|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Accounting | <input type="checkbox"/> Advertising/ Media/ PR |
| <input type="checkbox"/> Aerospace/ Aviation | <input type="checkbox"/> Agriculture/ Live Animal | <input type="checkbox"/> Architecture/ Interior |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Banking/ Finance | <input type="checkbox"/> Building/ Construction |
| <input type="checkbox"/> Business Consultancy | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Cosmetics/ Toiletries/ Hygienic |
| <input type="checkbox"/> Department Stores | <input type="checkbox"/> Electric/ Electronic | <input type="checkbox"/> Engineering |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> F&B/ Restaurants/ Catering | <input type="checkbox"/> Fashion Accessories |
| <input type="checkbox"/> Food Industry | <input type="checkbox"/> Freight Forwarding/ Shipping | <input type="checkbox"/> Furniture |
| <input type="checkbox"/> Gems/ Jewelry | <input type="checkbox"/> Gift/ Toy/ Decorative Items | <input type="checkbox"/> Hospital/ Medical Service |
| <input type="checkbox"/> Hotel/ Hospitality | <input type="checkbox"/> Household Product | <input type="checkbox"/> HR |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Insurance | <input type="checkbox"/> Iron/ Sheet/ Metal/ Aluminum |
| <input type="checkbox"/> Legal Services/ Law Firm | <input type="checkbox"/> Machinery | <input type="checkbox"/> Minerals/ Petroleum/ Fuels |
| <input type="checkbox"/> Naval | <input type="checkbox"/> Packaging | <input type="checkbox"/> Paper |
| <input type="checkbox"/> Pharmaceutical/ Medical Device | <input type="checkbox"/> Plastic | <input type="checkbox"/> Printing |
| <input type="checkbox"/> Product & Fashion Design | <input type="checkbox"/> Property/ Real Estate Service | <input type="checkbox"/> Retail Shop/ Boutique |
| <input type="checkbox"/> Rubber | <input type="checkbox"/> Sport/ Travel Equipment | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Textile/ Garment | <input type="checkbox"/> Tourism/ Travel Agents | <input type="checkbox"/> Trade Fair/ Event Organizer |
| <input type="checkbox"/> Transportation Services | <input type="checkbox"/> Wood | <input type="checkbox"/> Miscellaneous |

I accept to be contacted should the CCI AF requires information on my company's specific industry

Senior Management (for internal use)

1. Name _____ Position _____
2. Name _____ Position _____
3. Name _____ Position _____

Activities, Products & Service

Establishment date _____

Number of employees and locations in Azerbaijan _____

Company ownership

(Please advise %) _____ % Azerbaijani _____ % Foreign

Foreign Partners (outside Azerbaijan)

Parent company Regional Office Affiliates

Company name _____

Address _____

Phone _____ **Fax** _____

E-mail _____ **Website** _____

Other Information

Chamber Representative (s)**Name of the CCIAF representative**_____**Position**_____**For internal use*****Telephone**_____ **EXT**_____**Fax**_____**Mobile**_____**Personal Email**_____**Types of events you would like to join** Seminars/Trainings Legal & Tax Breakfast Meetings Market information Lunch Meetings Human Resources Networking Events Other**Date**_____ **Signature**_____ **Company Stamp**_____