CCIC

Membership Application Form

**CONSTRUCTION CLASSIFICATION INTERNATIONAL COLLABORATION AISBL (hereinafter the “Collaboration”) is a non-profit international association established on 11.09.2020 and based in Brussels, Belgium, registration number 0765.301.492. Its purpose, as described in its Bylaws is to increase construction productivity through a collaborative digital transformation infrastructure (classification system) to enable consistent data exchange.**

**Membership of the Association is open to (hereafter “Applicant”) international, national or regional organisations or associations that have a mission relevant to the purpose of the Collaboration.**

**In order to become a member (Trustee) of the Collaboration, the Applicant should complete all sections of this membership application form, sign it (the signature of the legal representative is required ) and return the original to the address of the operational headquarter, as well as the scanned copy to the following e-mail address:** [info@cci-collaboration.org](mailto:info@cci-collaboration.org)**. The Chair may request additional information from the Applicant in order to assess the request. By submitting this form, the Applicant confirms to have read and understood the Bylaws and its willingness to become member of the Collaboration.**

**The full version of the Bylaws are available at** [www.cci-collaboration.org](http://www.cci-collaboration.org)**.**

Profile of organisation or association applying for membership

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation’s purpose** |  | | |
| **Organisation’s link to the purpose of the Collaboration** |  | | |
| **Organisation information** |  | | |
| **Legal Name** |  | | |
| **Organisation type (public, private, other – specify)** |  | | |
| **VAT number, if applicable** |  | | |
| **Website** |  | | |
| **Logo** |  | | |
| **Address of the Registered Office and Company Registration Number (if applicable)** | | | |
| **Street name and No** |  | | |
| **Post code** |  | | |
| **City** |  | | |
| **Country** |  | | |
| **e-mail** |  | | |
| **Telephone** |  | | |
| **Registration number** |  | | |
| **EUID, if applicable** |  | | |
| **Country of registration** |  | | |
| **Place and date of incorporation** |  | | |
| **Billing Address of Organisation (if different from Registered Address)** | | | |
| **Street name and No** |  | | |
| **Post code** |  | | |
| **City** |  | | |
| **Country** |  | | |
| **e-mail** |  | | |
| **Telephone** |  | | |
| **Main Contact point - Persons in charge to represent the entity in the Assembly of the Collaboration** | | | |
| **Person 1** | | | |
| Title |  | Town |  |
| Family name |  | Postcode |  |
| First name(s) |  | Country |  |
| e-mail |  | *website* |  |
| Position |  | *Office phone* |  |
| Street |  | *Mobile phone* |  |
| **Person 2** | | | |
| Title |  | *Town* |  |
| Family name |  | *Postcode* |  |
| First name(s) |  | *Country* |  |
| e-mail |  | *website* |  |
| Position |  | *Office phone* |  |
| Street |  | *Mobile phone* |  |

Declaration

I, the undersigned, acting as the legal representative of the above-mentioned organisation hereby confirm the following:

The Applicant requests to become a Member of the Collaboration as of [date] and is aware of its rights and obligations contained in the Bylaws. It endeavours to remain aware of and comply with any existing or future internal policies or regulations adopted by the Assembly of Trustees to ensure that the Collaboration reaches its goals in compliance with applicable legislation.

The Applicant is a legal entity which is eligible to become a Member in accordance with the Bylaws.

All the information contained in the present Membership Application Form is accurate and valid at the date of submission and the Applicant consents to the publication of its name and Membership status on the Collaboration’s website [when applicable].

I, the undersigned, am legally empowered to validly represent and commit the Applicant for the purposes of this application.

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature on behalf of the Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Chair of the Collaboration for acceptance