

Membership application

Company name: _____	
Branch and type of activity: _____	

Year of registration in the Commercial Register: _____	
Legal form of organization and amount of share capital (SA, Sàrl, and Société cooperative): _____	
Geographic address (address + postal code): _____	

Postal address (post office box + postal code): _____	

Telephone: _____	Fax : _____
Web address: _____	Email : _____
Part of a Group: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of the Group: _____	
Headquarters address: _____	

Number of employees in the canton of Vaud: _____ of which _____ are apprentices

Number of employees in the world : _____

Person(s) in charge of the company (first name, last name, position):

Contact Person(s) for International Link (first name, last name, position):

You are already member of

- CVCI
 DEV
 Another Swiss Chamber of Commerce

Social contribution services with which your business is already affiliated: _____

The signer(s) has(have) read the financial conditions and promise to pay the entrance fee and the annual dues according to the schedule of rates in effect.

The signer(s) has(have) read the general conditions and accept them.

Place and date:

Signature(s):
