



**WUSME**

**MEMBERSHIP APPLICATION FORM  
(AFFILIATE MEMBER – ORGANIZATION)  
2017**

Please, send back this application form, duly filled out and signed on each page, by post, fax or e-mail to:

World Union of Small and Medium Enterprises  
WUSME Headquarters

Address: Piazzale M. Giangi n.2 47890 – SAN MARINO Republic of San Marino

Fax: +378 0549 807710

e-mail address: [info@wusme.org](mailto:info@wusme.org)



## GENERAL INFORMATION

*To be filled out in capital letters*

### ORGANISATION

Organisation Name: \_\_\_\_\_

Address (Headquarters): \_\_\_\_\_

State/Province/Other: \_\_\_\_\_

Country: \_\_\_\_\_

Generic email for organisation: \_\_\_\_\_

Telephone No.\*: \_\_\_\_\_

Fax\*: \_\_\_\_\_

URL: http:// \_\_\_\_\_

**Please, attach copy of the Certificate of Incorporation or equivalent certificate**

### LEGAL REPRESENTATIVE

Mr.       Mrs.    Ms.    Dr.       Prof.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Position: \_\_\_\_\_

Direct Telephone No.\*: \_\_\_\_\_

Fax\*: \_\_\_\_\_

Direct e-mail: \_\_\_\_\_

Birth Place: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_\_\_

Residence Address: \_\_\_\_\_

State/Province/Other: \_\_\_\_\_ Country: \_\_\_\_\_

No. Valid ID (specify type): \_\_\_\_\_

**Please, attach copy of the I.D. indicated**



**CONTACT PERSON** to be appointed as Official Representative in the General Assembly and to be filled out if different from the Legal Representative:

**Mr.**             **Mrs.**    **Ms.**    **Dr.**             **Prof.**

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Direct Telephone No.\*:** \_\_\_\_\_

**Fax\*:** \_\_\_\_\_

**Direct e-mail:** \_\_\_\_\_

*\*Please, type telephone and fax numbers as they should be dialled from outside your own country – including country and city prefixes*

**Place and Date** \_\_\_\_\_

**Signature of the Legal Representative** \_\_\_\_\_



## **ADDITIONAL INFORMATION**

**Describe the mission and goals of your organisation:**

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**Describe the specific areas of interest for your organisation:**

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**Describe what specific cooperation you look for joining WUSME:**

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## APPLICATION FORM

I, \_\_\_\_\_ as legal representative of \_\_\_\_\_  
\_\_\_\_\_ ask our **ORGANIZATION** to be admitted as  
**AFFILIATE MEMBER** for **YEAR 2017**.

In this regard, I certify that:

- I agree with and am interested in the institutional goals of the Association, of which I correspond the spirit and ideals;
- I declare to fully know the statutory rules and obligations which flow my title of Affiliate Member and to scrupulously observe the Articles of the Association, the Regulations and other Acts approved by the Board of Directors and General Assembly Meeting.
- to be committed to pay the membership fee above indicated, according to member category, noting that this application form will be considered by the Board of Directors, pursuant to Section 8 Statute of the Association.

Place and Date \_\_\_\_\_

Signature: \_\_\_\_\_

### Privacy

Pursuant to art. 8 of Law n° 70 23rd May 1995, promulgated by the Captains Regent of the Most Serene Republic of San Marino, we inform you that the owner of the data provided is WUSME Association, with registered office in San Marino (RSM), Piazzale M. Giangi No.2, ZIP code 47890.

The treatment of data, which can be made also with the help of electronic means, has the unique purpose of managing the member application to the Association, the provision of any services offered to the same and allow communication between the member and the Association.

In particular the e-mail address is required for communication to convene to the General Meeting and other gatherings. The data provided will not be used for purposes other than those mentioned above, not will be transmitted to any third parties except for the needs closely related to those specified above. In relation to the processing of the data, the interested person may exercise the rights provided by law, but any request for cancellation or destruction of the same shall result in the immediate annulment of membership.

### Consent

I declare that I have been informed of my rights and I give my consent for the processing of the data as described above in the Information Notice.

Signature: \_\_\_\_\_



Cross the box corresponding to your category:

**OECD COUNTRIES:**

(Australia, Belgium, China, Denmark, Finland, Germany, Hungary, Ireland, Italy, Korea, Mexico, New Zealand, Poland, Slovak republic, Spain Switzerland, United Kingdom, Austria, Canada, Czech Republic, Estonia, France, Greece, Iceland, Israel, Japan, Luxembourg, Netherlands, Norway, Portugal, Slovenia, Sweden, Turkey, United States)

CATEGORY	ANNUAL FEE
<input type="checkbox"/> Chamber of Commerce & Industry <input type="checkbox"/> National SME and Crafts Association <input type="checkbox"/> Regional SME and Crafts Association <input type="checkbox"/> Other SME Supportive Organization: please specify _____	<input type="checkbox"/> € 500,00

**NON OECD COUNTRIES:**

CATEGORY	ANNUAL FEE
<input type="checkbox"/> Chamber of Commerce & Industry <input type="checkbox"/> National SME and Crafts Association <input type="checkbox"/> Regional SME and Crafts Association <input type="checkbox"/> Other SME Supportive Organization: please specify _____	<input type="checkbox"/> € 250,00

**MEMBERSHIP FEE PAYMENT**

**1° METHOD**

WIRE TRANSFER

BENEFICIARY: ASSOCIAZIONE "WUSME"

BANK: CASSA DI RISPARMIO DELLA REPUBBLICA DI SAN MARINO S.p.A.

BRANCH: AGENZIA SERRAVALLE

IBAN: SM 17 A 06067 09802 000020112378

SWIFT CODE: CSSMSMSM

DESCRIPTION: FIRST AND LAST NAME / ORGANIZATION NAME FOR MEMBERSHIP FEE YEAR 2016

**2° METHOD**

PAYPAL

Address your payment to the following account [info@wusme.org](mailto:info@wusme.org)

**NOTE: CHECKS NOT ACCEPTED**