



**WUSME**

**MEMBERSHIP APPLICATION FORM  
(AFFILIATE MEMBER – NATURAL PERSON)  
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)



## **POLICY FOR ADMITTANCE AS AFFILIATE MEMBER NATURAL PERSON**

MEMBERSHIP AS NATURAL PERSON is addressed and reserved for those who, even though are not entrepreneurs or business managers and/or don't have any specific interest in receiving assistance from WUSME for the benefit of their business, but rather feel sympathy and a favorable consideration towards the Association and wish to support its mission, by contributing with a symbolic fee as provided by the Board of Directors, as well as volunteering in projects or initiatives available.

### **MAIN BENEFITS:**

Natural persons who join WUSME as Affiliate Member have the:

- Right to participate as Observer in General Meetings;
- Right to participate in WUSME conferences, seminars, webinars and special workshops
- Opportunity to speak in the WUSME events;
- Opportunity for free or with reduced rate to participate in international regional meetings, exhibitions and other annual events co-organized by WUSME or by its members and partners
- receive the WUSME SME Newsletter;
- Benefit Special discount at International Hotels, airlines and other similar services.



## I. GENERAL INFORMATION

Mr.  Mrs.  Ms.  Dr.  Prof.

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

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

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

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

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

e-mail address: \_\_\_\_\_

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

Nationality: \_\_\_\_\_

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

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

Valid ID (specify type): \_\_\_\_\_

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

*\*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 \_\_\_\_\_



## II. APPLICATION FORM

I, \_\_\_\_\_ ask to be admitted as **NATURAL PERSON**  
**AFFILIATE MEMBER** for **YEAR 2017** and agree to pay **€ 25,00** as annual fee.

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.**

**The rejection of the application will be entitled to reimbursement of the fee paid;**

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



### III. 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 NAME AND LAST NAME FEE YEAR 2017**

#### 2° METHOD

##### PAYPAL

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

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**NOTE: CHECKS NOT ACCEPTED**